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THE HEALTH MAGAZINE

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HYGEIA

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Protecting Your Child's Heart

See page 1069

"I'll bet your doctor tells that to all the girls!"

"Of course he does—he knows Libby's vegetables are just right for a six weeks old baby!"

Future Glamour Girls and Football Heroes are being raised on diets far different from what they used to have.

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Libby's Baby Foods are widely recommended as baby's *first* vegetables and fruits because they're extra fine and smooth in texture—*extra easy to digest.* (And that's because Libby's Baby Foods are first strained and then *specially homogenized!*)

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BABIES SUPERVISED BY PHYSICIANS ARE BETTER BABIES

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WHO'S WHO IN HYGEIA

By not being very healthy, **CALVIN T. RYAN** found it possible to make the dream of his life come true: He had always wanted to go to Harvard University, which only became possible after a year in the World War and another year in soldiers' hospitals and sanatoriums. Since then he has been teaching English at the Nebraska State Teachers College for twenty-five years, and he says he has worshiped more at the shrine of HYGEIA than at that of Pegasus. All his interests center around health. His library on health books equals that of any physician in town, he claims. He is the author of "If You Don't Keep Fit" on page 1088.

JAMES FREDERICK ROGERS, M.D., a graduate in medicine and public health of Yale University, has been consultant in school hygiene with the U. S. Office of Education for a number of years. He has many government publications to his credit, of which "What Every Teacher Should Know About the Physical Condition of Her Pupils" has been of special interest to classroom teachers. In 1936, Dr. Rogers was sent abroad as the representative of the United States to the First International Congress on Student Health Services at Athens, Greece, and to the International Bureau of Education at Geneva, Switzerland.

NEIL T. McDERMOTT, M.D., graduated from Harvard Medical School in 1932. His training in psychiatry, neurology and medicine was obtained in Boston, New Haven and Cleveland. For the past two years he has been instructor in medicine at Western Reserve University Medical School and assistant physician at the University Hospitals, where he also teaches psychiatry on the general medical wards.

ALRENA L. WELSH, who tells how to "Teach Your Child to Relax" declares that she has always taken the responsibilities of motherhood seriously. At present, she gives twelve music lessons a week to her own children and much time to the discussion of such subjects as "whether a 'fellow' can do better playing in the back field or the line, and whether sisters should wear one another's clothes." She considers that she has the finest job in the land.

HYGEIA

THE HEALTH MAGAZINE

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on a straight, strong back. Help your baby build a sturdy back during those first important months. See that he gets plenty of Vitamin D. Because sunshine, alone, may not insure a dependable supply, it's wise to start now giving Squibb's Cod Liver Oil.

straight legs like this

help your baby stand right, walk right. The minerals he gets in his food can't go to make sound bones without Vitamin D. Because sunshine often doesn't supply enough, give a good cod liver oil like Squibb's right now, when bad weather, clothing, smoke and fog prevent sunshine from reaching his body.

a fine, full chest...

From the first few weeks, thousands of healthy babies get Squibb's Cod Liver Oil which provides Vitamin D....so necessary in building a fine, full chest, a strong back. Is *your* baby getting enough of this important vitamin? Start now and give him Squibb's Cod Liver Oil regularly every day.

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SQUIBB'S Cod-Liver Oil

LETTERS FROM *Readers*

Praises for a Hospital

To the Editor:

Just finished reading "Intern's Return" in the September issue of HYGEIA. I do appreciate the opportunity of being able to subscribe to this splendid publication at so reasonable a price. Next to the publications of our own Lutheran faith this is my most treasured reading material. I enjoy every bit of it from cover to cover.

But especially was I attracted to this article because it made such a complete picture of the Milwaukee Hospital and of Rev. Fritschel. To us this place signifies a place of beauty and of comfort, truly a gift of God to mankind. Next to our church this is indeed a sanctuary to be held in the highest honor and esteem.

Despite the fact that we were fatherless and Mother was in financial difficulties, on the many occasions we have had to go there, we were given the very best of care. I can't ever say enough in praise for all those kind people, including our doctor, for all they did for us there. I received attention and care as if I were a millionaire. They were with me every minute, and we could not afford a private nurse either. Those nurses, the interns and our own doctor will always remain as the dearest friends to us. Though we may never see some of these persons again, we hope God will bless them in countless ways for all their untiring efforts in our behalf. And may God also bless the efforts of all those of the medical profession who have the welfare of man at heart, whose unselfish efforts and kindness serve mankind in so many countless ways, to alleviate suffering and misery and make life here more enjoyable and comfortable.

Nothing I could ever do or say would ever fully express our appreciation for our doctor and the hospital, for Rev. Fritschel, the nurses and all those who work with them. I hope some day, we may be better situated financially than we are now, and you may be sure that nothing would make us happier than to be able to do some act of kindness for those who have done so much for us.

If ever there was a person who deserves a medal and the best there is in life, our own doctor does. We can't ever pay him in dollars and cents for all he has done for us. I hope some day we can show him our appreciation in full, but so far it seems this privilege has been denied us. His untiring efforts and kindness towards us and all the benefits we derived from his skill, are dearer and more precious to us than any other gift that money could buy.

Could you tell me, is the Milwaukee Hospital the one you wrote about in HYGEIA?

MRS. WILLIAM E. DOEHLING
Milwaukee

>> The name of the hospital was not mentioned in the article because it is not the only high grade hospital in Milwaukee where conditions are as the author described them. However, it was the Milwaukee Hospital which formed the basis for the article "Intern's Return."

▲

Truthful Renunciation

To the Editor:

I am writing you in regard to Lowell Lawrance, author of the excellent article, "Dollar-A-Month Doctor," which was published in the October 1939 issue of HYGEIA.

Since the proponents for state medicine have disseminated their propaganda in such a widespread fashion, it is good to see such a strong truthful renunciation of their claims developed in such an instructive magazine as HYGEIA. Mr. Lawrance surely has presented some forceful arguments in behalf of organized medicine. His work deserves much commendation.

We need more Mr. Lawrances and more magazines with the tone of HYGEIA to refute the issue, state medicine.

With the sincere hope that you can furnish me with information as how I might contact Lowell Lawrance and hoping, too, that in your efforts to check such a proposed reform as state medicine you might find and publish more such forceful articles.

N. THEODORE STAUDT
Canton, Ohio

▲

Plaudits

To the Editor:

I have been following with interest your column entitled "Questions and Answers" and wish to commend you on your open minded answers to present day questions in medicine.

LOUIS WINOKUR
Washington, D. C.

▲

To the Editor:

Many thanks for your fine magazine. I have been reading it for ten years now and appreciate the gradual improvement in the number of public interest articles, etc.

I wish your magazine were more widely read by laymen. I pass mine along to others in hopes.

MARIE R. KORTE, R.N.
New York City

▲

To the Editor:

We find your magazine a very valuable teaching aid and look forward to each copy. I appreciate the information it gives me.

GLADYS HENDERSON
Cleveland

The heart attack that saved a life!

AS HARRY CAMPBELL approached the building in which he worked, he noticed some unusual excitement.

An ambulance was at the curb, and a curious crowd had gathered around a prostrate figure. Campbell walked over to the policeman in charge and asked him what had happened.

"Some poor fellow just keeled over with a heart attack," said the policeman.

Campbell went on to his office, but the picture of that crumpled figure kept re-appearing. It started a train of thought he couldn't shrug away:

"I wonder what sort of shape *I'm* in. I haven't taken very good care of myself—been too busy working hard through all these tough years. Maybe those twinges I've felt lately mean that *my* old ticker isn't what it ought to be. After all, I'm 45—and it's been years since I had a physical check-up. Maybe I ought to see a doctor."

The next day he visited his physician and had an examination. And the verdict was that his heart was none too good; in fact, it was showing signs of a condition which, if neglected, would probably have proved fatal.

Thus, a chance glimpse of a sidewalk tragedy saved Harry Campbell's life. Now—because he saw his doctor in time—Campbell has a very good chance of living out a normal span.

The pity of it is that more Americans in middle life aren't jolted into giving consideration to their hearts. For just as tuberculosis is primarily the disease of youth, heart trouble is a disease of middle age. If you are over 40, *have your heart checked regularly by a physician.*

Only a doctor can tell you whether your heart is sound. You may have symptoms which *seem* to point to heart trouble, yet actually you may be suffering from something no more serious than a minor digestive disturbance. In which case, not the least of the benefits of your visit will be an end to fear and worry.

And if it develops that your heart really does need attention, then *time*, as well as the doctor, will be on your side.

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The World's Largest Makers of Pharmaceutical and Biological Products

SEE YOUR DOCTOR

What About MEAT?

Black Box, N. Y.

SINCE the earliest days of man on this earth, animals have differentiated into those which fed on cereals and grasses and those which fed on meat. In the thousands of years that have ensued, this differentiation has been intensified. Nevertheless, the lack of scientific knowledge regarding what we eat, as embraced under the single term "nutrition," led to many a strange notion which became intensified in human thought. Indeed, there is hardly a single phase of human knowledge that has been more subject to superstition than food and nutrition.

An old proverb says, "Tell me what you eat and I will tell you what you are." The symbolic magic associated with this aphorism led to the rise of vegetarianism, one of the most peculiar cults that has ever plagued mankind. It was argued that those human beings who subsisted on meat would become like the carnivorous animals—the lion and the tiger—vicious and brutal. Yet, today, we know that the most vicious animals are not meat eaters but vegetarians—the buffalo, the bull, the rhinoceros and the gorilla—the most savage of all those who do not eat meat.

Meat Consumption

The per capita consumption of meats in the United States is approximately 133 pounds per person per year, which includes all sorts of meat cuts, muscular organs and nonmuscular organs of cattle, sheep and hogs. It does not include the flesh of many smaller animals which also may be eaten from time to time, nor does it include fish. This is not the maximum consumption of meat, for it is reported that in Montreal the consumption is 144 pounds per person per year.

Indeed, there is good evidence that people might live on an almost exclusive meat diet with a fair degree of success, as far as concerns their nutrition. Thus, the explorer Stefansson lived with the Eskimos for many months and used an almost exclusive meat diet. He had a physical examination both before and after his return and then again after the lapse of several years, and he was found to be in an excellent state of health, though he had subsisted wholly on a meat diet.

It is realized, of course, that when Eskimos eat meat they do not eat steaks and chops alone, but use all of the glandular organs. Under that diet, Stefansson maintained normal blood pressure and did not develop any inflammations of the kidneys.

It has been pointed out that Eskimos live entirely on a meat diet from the time they are weaned. In one investigation, Thomas of Chicago examined 142 Eskimos between the ages of 40 and 60 and found that only three had blood pressure so high that they would not be accepted for life insurance by any American company.

This, of course, is the type of investigation that is needed to break down superstitions that came to previous generations with insufficient knowledge. Many older persons can still remember when it was argued that high blood pressure, headache, mental depression, Bright's disease, diabetes, gout and rheumatism all came from too much uric acid, which, in turn, was the result of eating too much meat. Today we know that there was more poetry than truth in these allegations, but it required the expenditure of a considerable amount of money and a vast amount of time before scientific evidence could be developed to discount this belief.

The New Research

When Pasteur discovered the germ causation of disease, that announcement proved to be a stimulus to the advancement of medical science in many fields. Similar was the announcement of the vitamins. The mere coining of that term by Funk in 1910 has proved a tremendous stimulus to our investigations of human diet and nutrition related not only to vitamins but also to protein, carbohydrates, fats and mineral salts.

As the investigation of these fundamental constituents has continued, there has come to be increasing attention to the physiology of nutrition, which is concerned with what happens to these parts of the diet when they are taken into the body. Physiologic research, for example, indicates that the gastric digestion of meats may be impaired in chronic invalids with heart disease. It has proved that the eating of meat is in no way related to the cause of high blood pressure. It has indicated that better development is observed in animals which eat a diet of cooked meat than in those which eat raw meat. There seems to be good evidence that meat when raw is in its least digestible condition. There seems to be evidence to show that meat from steers is more palatable than meat from cows and that the total cooking losses are greater with the meat of cows than with the meat of steers.

When it was argued that meat consumption should be greatly reduced in the summer, investigations showed that the increased metabolism which follows the eating of meat is common to the eating of all protein. The sensible step is to advise proper cleanliness and proper cooking, because of the increased danger of contamination in summer, rather than to discontinue eating the necessary foods.

When we realize the fundamental researches which indicate that liver and lamb's kidneys are most efficient of all foods in providing the substance necessary to overcome anemia, and when we realize the vast potencies that are inherent in the extracts of various glands, we begin to understand how much modern research related to the production of meat for food and of the derivatives of meat for health means for the happiness of mankind.

The Place of Meat in the Diet

A distinguished committee of economists established the fact some fifteen years ago that the most significant factor in the change in American living conditions is the increasing expansion of human desires and wants. The cave man took what he could get from the hunt as his contribution of meat in the diet. The modern packing industry begins its production of meat with the breeding of herds on the land and develops a great system of distribution so that there is available everywhere a variety of meats to suit all sorts of purses and tastes. The human being of fifty years ago had a choice of three cereals for breakfast; today modern industry provides a choice of more than 150 different products.

The Council on Foods of the American Medical Association has given some special consideration to the place of meat in the diet. Meat enhances the meal and makes other foodstuffs, which alone may be uninviting, more acceptable. The flavor of properly cooked meat is such that it stimulates the digestive processes. Meat extracts cause a profuse secretion of gastric juice in animals. Meat extractives are thought to be of value as a gastric stimulant in man. After acute illness there is commonly a depression of gastric secretion; in such instances meat extracts may stimulate the mucosa to an increased flow of hydrochloric acid and thus may aid in restoring the gastric juices to a normal level. Boon carried out a series of experiments on medical students in order to establish the action of meat extracts and related substances on the gastric mucosa. He reported that meat extracts stimulate the flow of gastric juice and promote prompt emptying of the stomach.

Meat protein is usually digested rapidly and shows a high percentage of absorption from the digestive tract, the average coefficient of digestibility being about the same for the protein of meat, milk and egg, namely, from 97 to 98 per cent.

The digestibility of the fat of meat is influenced by the amount eaten and by its mechanical condition, that is, whether it was eaten in large or small masses. Under favorable circumstances 95 per cent or more of the fat of meat is digested and utilized.

Considered on the basis of its content of protein and fat or of its appeal to the appetite, meat is an excellent article of food. From a physiologic standpoint there can be no objection to the inclusion of moderate amounts of meat in the daily diet.

From an economic point of view, meat is much more costly than other protein foods, and when it appears in too large a quantity in the diet, smaller amounts of vegetables, fruits and dairy products are likely to be purchased.

Effect of Cooking

What is needed more than anything else at the present time is sound public education not only as the proper place for various foods in the human diet but also the proper manner of use. We must know not only what the food contains before preparation but also how to modify it by preparation. One hundred grams of uncooked bacon on being broiled loses 30 grams of water and 33 grams of fat, but it now becomes more appetizing, crisp and tasty and still contains about 9.5 grams of protein and 27 grams of fat, yielding about 50 calories for each strip that is eaten. That is the kind of information that intelligent people want in choosing their diets.

Summary

Meat is a desirable component of the adult diet. It is a good source of iron, since most of the iron that it contains is available for the formation of the red coloring matter of the blood. It is a good source of many vitamins. All meats are excellent sources of vitamin B_1 (thiamin) and of vitamin G, now called riboflavin. Liver is particularly rich in these vitamins and is also richest of all the tissues in vitamin A.

Today the sanitary control of fresh and canned meat under the Bureau of Animal Industry of the U. S. Department of Agriculture is excellent. It assures a high quality of all materials sold in interstate commerce.

Much of the credit for the great progress that has been made in these fields is due to the farsightedness of the leaders in the industry who have devoted much of their funds to fundamental research. It is important that all of the people should know to what extent private industry has aided in providing better nutrition for the American people.

When Winter Comes—

By EUGENE F. TRAUB

DURING the winter season, particularly in the Northern part of the country, our skin does not receive as much exposure to the sun's rays as in the summertime, and because of the cold weather, our sweat and oil glands function less actively, causing our skin to become dry. Air conditioning experts advise us that a certain amount of moisture is necessary so that the dry heat in our homes does not crack or split our furniture or ruin our respiratory passages. This dry heat, so detrimental to furniture, is also bad for the skin, which not only must cope with this handicap but with many other hazards as well. Since our sweat and oil glands do not function freely in the cold weather, the further dryness caused by steam heat or hot air furnaces makes our skin so vulnerable and susceptible that many of our daily and routine customs actually become hazardous.

During warm weather, most persons take at least one daily bath and usually lather themselves with soap at the time. They feel invigorated, and their skin seems refreshed. In the winter, this customary bath with soap dries the skin excessively. Furthermore, as a rule, the older we get the drier our skin tends to become. Therefore, a person 40 years of age or older, who lives in a steam heated house and who has been taking daily soap and water baths all winter, is apt to find that his skin is becoming so dry and scaly or fissured as to be actually annoying. If these warning signs are not heeded, the skin may become itchy and chapped, and if the process goes further, an irritation known as a winter dermatitis or eczema may be set up.

This occurs frequently, probably for several reasons. In the first place, many persons think they are immune, because they have never had any kind of skin trouble, and so they become careless. Others feel that they can protect the skin against any kind of infection or rash simply by bathing and scrubbing frequently with soap and water. But they are mistaken. We cannot change our age or the weather, and the dry furnace heat cannot be escaped entirely until the use of humidifiers or air conditioners becomes universal. Formerly the common custom of wearing underwear with long sleeves and legs, whether of light or heavy weight, undoubtedly helped to protect the skin against violent temperature changes, but most persons now object to such garments. We are left then with the consideration of the use of soap and water as the only negotiable factor for the prevention of excessive winter dryness of our skin. Thus, the question of the number and kind of baths and the proper use of soap and water becomes a matter of considerable importance.

All parts of the body are not equally susceptible to winter chapping or dermatitis. In the order named, the legs and arms, hands, face and trunk or body proper are most apt to be affected.

When winter comes, the combined effects of the weather outdoors and the usually dry heat indoors may harm the complexion and parch the skin. Special care and attention is necessary, then, as described in this article.

Steve Heiser

Water must be used properly. Sometimes the small amount of irritation caused by washing is more than counterbalanced by the benefits derived from removal of accumulated secretions, excretions and organisms. After the use of water, the denuded epidermis tends to dry

and crack, and it is therefore essential to restore artificially some of the natural lubricant which has been removed. Matters are different, however, when there is added to water its usual accompaniment, soap. The alkali thus set free and certain component oils, dyes or scents irritate the inflamed skin. While the free alkali mixed with water is one of the chief dangers of soap, its other constituents should not be overlooked. Probably a good many of the soaps which cause irritation owe that quality as much to an unsuitable oil base used in their preparation, or to the perfumes and dyes, as to the alkali which they necessarily contain. Therefore, when advertisements say that a soap contains "no free alkali" it does not necessarily mean that it will not irritate. Superfatted soaps are generally best tolerated, but even these may irritate. The patient may experiment to find which soap irritates his skin least.

One cannot lay down definite rules about bathing except to say that most individuals past middle life or those with a naturally dry skin should not bathe as frequently in cold weather as they do in warm weather. Two or three baths a week should be made to suffice, unless lubrication is added to the skin frequently. The less soap used by these persons, the better for their skin. If, despite precautions, the skin becomes chapped or irritated, water should not be used on the skin at all, or bathing should be restricted to one bath a week. Bran, cornstarch or baking soda may be added to the water to "soften" it. Even patients with generalized eczema usually tolerate such baths. A handful of oatmeal will aid in cleansing the hands and will to some extent also soften the water. Warm water tends to extract more of the natural oil of the skin than does cool or cold water. Needless to say, there is a tremendous individual variation in the natural texture of the skin. Some persons have excessively oily skins, especially of the face; others are about normal, and some have always had abnormally dry or scaly skin. These last persons must always devote special attention to the care of their skin and are, of course, much more susceptible to chapping and winter itch than the normal.

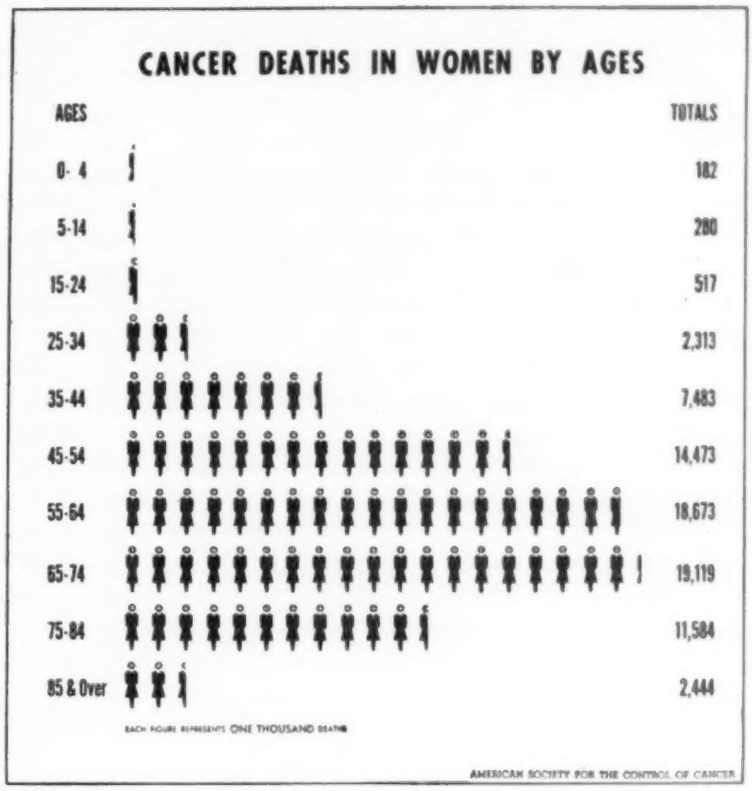
Chapped lips present essentially the same problem as that of chapped hands, extremities and body. The chief point is to avoid irritating mouth washes, contact of the lips with soap and water, tobacco and chewing gum. Some suitable oily or lubricating preparation should be applied, which in the case of the lips may be in the form of a colorless (or dyed, if the lips are not too irritated) lipstick. Goose grease, lanolin, petroleum jelly or cold cream are all suitable lubricants, and to them may be added medicants to promote healing, allay itching or produce a cooling effect on the skin. Hand lotions containing glycerin or alcohol, while they may feel cooling and refreshing to the hands, are apt to be too drying for any long continued use. Some patients find an oil more agreeable to use and more effective on the skin than a solid grease preparation. Olive oil is usually the choice in such an event, as it is easily obtained, and the odor is less disagreeable than that of castor oil, linseed oil or others that might be named. Ordinary cream from milk is as good and pure as any other fatty cream for use on the face and may be sopped on with a pledget of cotton, the surplus being wiped off with another pad, and then a thin protective layer of powder applied.

Should an unusually rough skin fail to improve following the suggested prophylactic measures, the condition should arouse suspicion. The patient may have one of the unrecognized forerunners of eczema. Eczema, regardless of its causation, constitutes our most common skin disease. As has been indicated, lack of care of the skin in cold weather may cause eczema, but there are many individuals who are subject to eczema for other reasons. Whatever the cause, eczema is always worse in the winter and tends to improve or disappear in the summer months. The exceptions to this rule are few. The reasons enumerated as the cause of chapped skin also explain the greater severity of eczema in cold weather. Volumes have been written about this disease, and naturally theories have developed from time to time for the cause and classification of its various manifestations. The difficulty, of course, has been that each patient presents an absolutely individual problem, the appearance of the eruption giving very little, if any, clue as to the cause. This means that in two individuals with an exactly similar appearing eczema, in all probability entirely different reasons will account for the process, and to effect a cure, widely different remedies must be employed. While the diagnosis of eczema, therefore, may not always present great difficulty, the search for the cause and the management to eliminate the disease requires the greatest experience.

Eczema may affect either sex at any age but is more common in infancy and old age. The disposition to eczema, whether inherited or acquired, is in fact the essential characteristic of eczema. Eczemas are usually the product of external irritation and internal disposition, with predominance of one factor or the other, dependent on the indi- *(Continued on page 1128)*

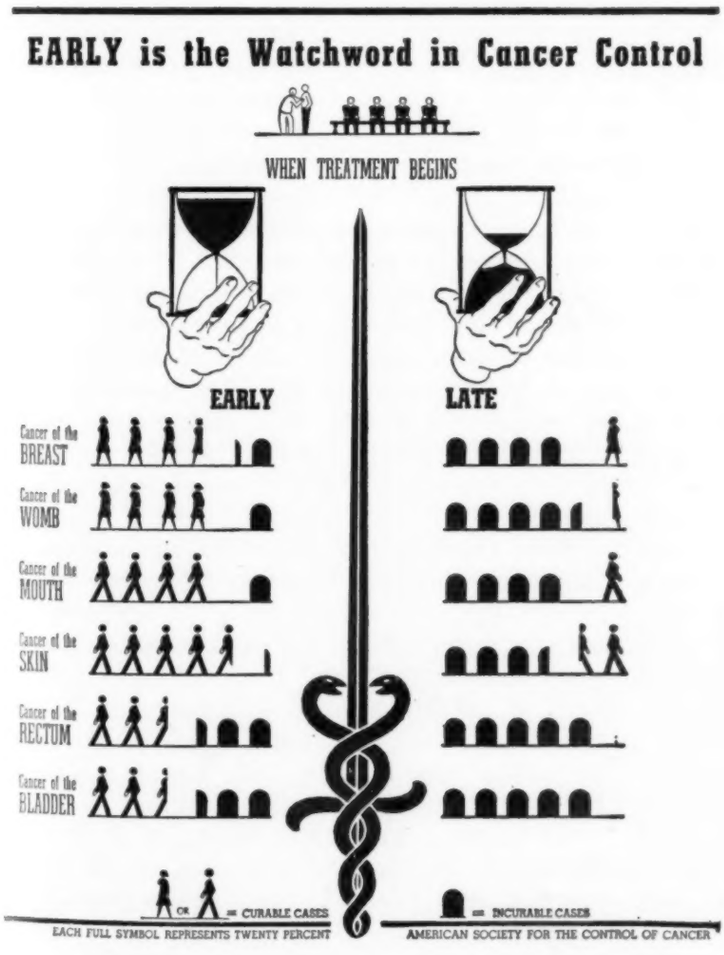
FORETELL CANCER!

Have a periodic examination, and locate early tumors, says FRANCIS ASHLEY FAUGHT



"SEEK and ye shall find." Periodic search for indications of the presence of preventable causes of death is thoroughly worth while. The lamentable fact is that death from serious diseases, including cancer, could in many cases be entirely prevented and in others, life prolonged from five to twenty years. Doctors know this and are making increasing efforts to acquaint every one with this fact. But, unfortunately, the seed has fallen too frequently on barren ground. The importance of regular examination is not generally appreciated. Too many people still believe in the Sis Hopkins attitude of "Never trouble trouble till trouble troubles you," and they overlook entirely the fact that medical diagnosis has progressed by leaps and bounds during the past few decades, so that it is now perfectly possible to diagnose serious progressive, and eventually fatal, diseases at such time that removal or prevention is often possible.

Cancer control is one of the most serious medical problems of this generation. Among the principal causes of death in the United States, cancer ranks second only to heart disease, taking a yearly toll of about 140,000 lives. Many of these deaths might have been prevented had the medical profession been allowed to



apply the now available knowledge of cancer prevention.

All things have a beginning, and human cancer is no exception. In most instances this beginning is localized in some one spot. The early lesion frequently is neither painful nor visible to casual observation. Therefore, careful and thorough examination is usually necessary to find it. Like many other diseases, cancer in its early stages is preventable. Thorough cooperation between the doctor and his patients to increase the number of annual health examinations can reduce the number of yearly deaths from this disease.

Many lives are unnecessarily sacrificed on the altar of delay or because cancer is not discovered until it has reached the incurable stage. The problem of cure, therefore, is not primarily the method of treatment but the stage of the disease at which treatment is begun, which in turn depends on the physicians' opportunity to detect cancer in the early curable stage. The periodic health examination offers this opportunity.

Not so many years ago, most people were reluctant to discuss cancer, and even when they suspected its presence, they refused to visit their physician for fear of learning the truth. While this unfortunate state of affairs has been overcome somewhat by publicity campaigns of medical and other groups, there is still much to be done to prevent unnecessary death from neglected cancer. If any one fears or suspects that he may have a cancer, he should immediately consult his family physician and insist on an examination. One should banish the fear of cancer, and rather be concerned for the possibility of its presence. To consult a physician under these circumstances is imperative. In many cases the patient will find that he does not have a malignant tumor; whereas, if cancer is present, the probability of permanent cure is proportionately increased as the time is shortened between the first symptom, an adequate examination and application of efficient treatment.

You should regard with suspicion all surface lesions which do not promptly heal, all nodular growths, persistent alteration in the habit of bowel evacuation and all conditions affecting digestion and the stomach which do not promptly and completely respond to treatment. Particularly suggestive are all unusual discharges from any of the orifices of the body, especially those which persist for any length of time in spite of treatment.

Our safeguard is early diagnosis and removal: A most forceful reason for complete annual physical examination. To delay is often to sign a death warrant. To wait until there are characteristic symptoms such as pain, loss of weight, weakness, anemia or actual tumor is suicidal, for at this stage, treatment may be ineffectual.

The family doctor is the key man in the control of cancer. Family doctors come in contact with practically the whole population at some time and therefore have opportunity of detecting early cancer. The family doctor, however, must not wait for his patients to mention their suspicions, which they may intentionally conceal, but should be on the alert for suggestive signs at all times. These suspicions, however, can only be transposed into terms of cancer prevention when he is given the opportunity of examining periodically his apparently healthy patients.

The question may be asked, "Can the family doctor make a diagnosis of cancer?" Yes, in a majority of instances, again provided he has opportunity of making thorough periodic examinations.

The cooperation of every intelligent and fearless person should be enlisted in a real effort to reduce death from cancer by curing early cancers and by removing precancerous conditions [those conditions which if neglected may later develop into cancer]. The periodic health examination is the best insurance against physical disaster! To fail to take advantage of this opportunity has been styled, "reckless neglect."

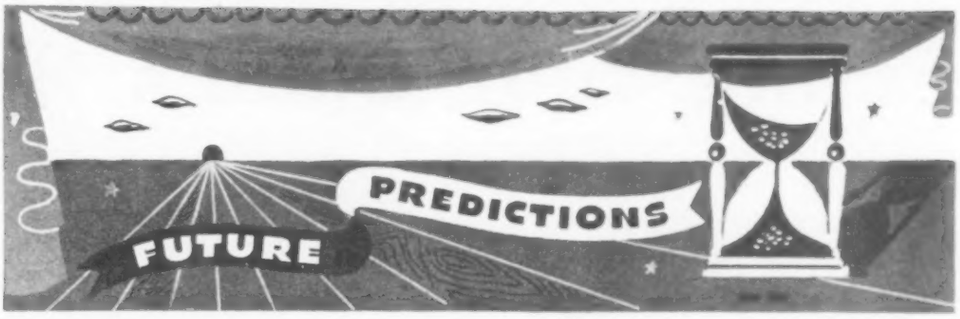
This examination will also be a powerful factor in detecting evidence of other diseases before they become serious or chronic. By appropriate management and treatment health may be preserved and life prolonged. Therefore, it is the duty of every person to seek annual examination at the hands of his family physician, and to accept his advice and apply the treatament indicated without delay.

To quote a physician, "Death's challenge is perennial, sharp. Our program to defeat it is simple and effective. And the reward? Life itself!"

Though I Hear Not

When I recall the sounds of former days
Before this muted wall encompassed me:
The old cathedral carillon that plays
To listening ears each day . . . the thundering sea,
With screaming gulls upon a howling gale . . .
The piercing whistle of a speeding train . . .
A blithesome morning bird's crescending scale . . .
The crunch of leaves . . . the slumber song of rain
Upon the roof . . . I almost hear the true
Clear voices of the loved ones by my side;
And oh, I am so thankful that I knew
The joy of sound, before it was denied!

By Esther Lee Carter



WHAT STRANGE IMPULSE is it that makes us wish to punish ourselves at this season of the year? Christmas brings out the old feelings of joy and pleasure and dependence that we had when we were children. It also brings out some of the childish feelings of wrongdoing and of guilt from which all children suffer. This childish, hidden and often unconscious feeling of guilt is a powerful, perhaps the chief, motive for our New Year's resolutions. Thus, Smiley Blanton, M.D., sums up the current fetish of punitive resolutions which are usually broken before the new moon. Read this enlightening article on a subject never before discussed in HYGEIA.

"How many stitches did he have, doctor?" eagerly inquired the reporter.

"He had 602," replied the doctor.

"Scoo-o-p," yelled the newshawk as he fled to a telephone.

Such superficial emphasis on the number of stitches it takes to sew up a wound is misleading and unimportant. Hubert A. Royster, M.D., will set you straight on this subject and show you how to interpret the glowing reports you read in the newspaper.

YOU ARE 50 YEARS OLD! So you heave a sigh, let your shoulders droop and ruefully decide that nothing can be done about it! But that's where you're wrong. Carl Bond tells you just what can be done, and there are quite a few things you ought to know, if you are 50, that will prepare you mentally and physically for those years yet ahead. Your mental adjustment, if it is correct, will fend off thoughtless jabs and jolts and introduce you to your most productive years. Your physical adjustment will steer you down the road of health; it will keep your weight at the optimum level, and it will save you from needless waste of energy and from unnecessary exercise. Don't miss reading Mr. Bond's excellent advice next month.

WHAT HAPPENS WHEN A MAN GETS "THE BENDS"? Divers and sandhogs, or tunnel excavators, who work far below the surface where air pressure is more than twice what it is at the surface, have occupational hazards that are unique. And one of them is known as the bends. If you want to know more about this, watch for "Sandhog Hospital" in the January issue.

Protecting Your Child's Heart

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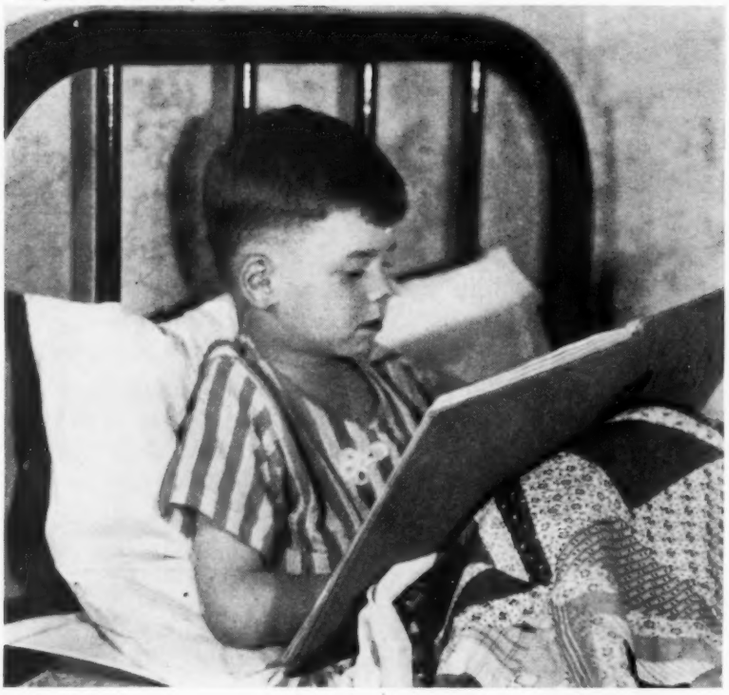
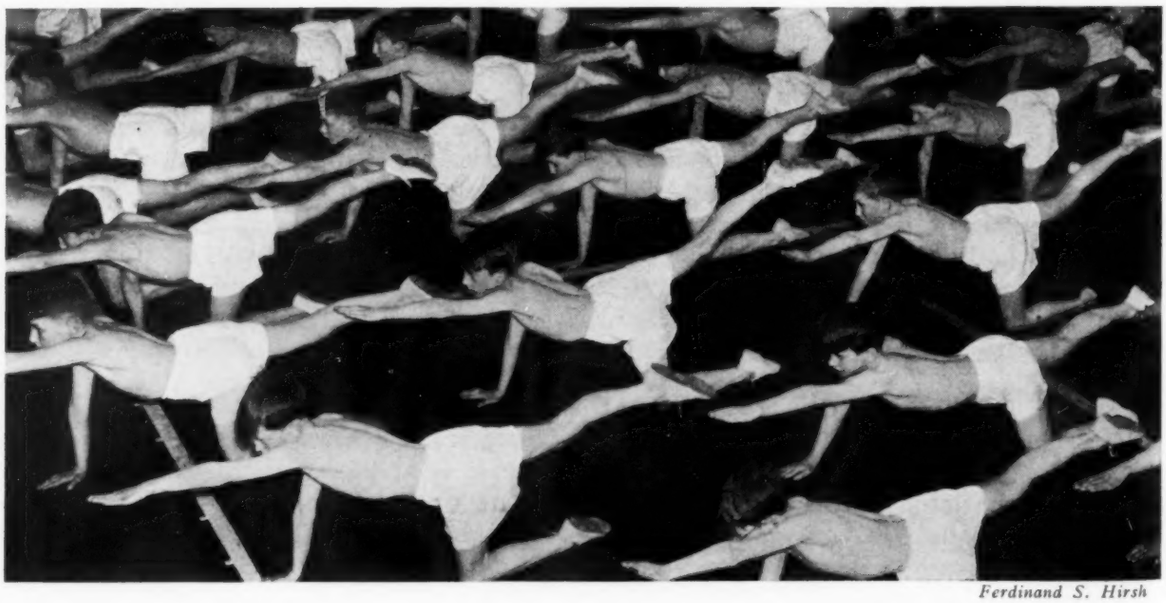


What does the doctor hear when he listens to your heart? And what does he mean when he mentions heart murmur?* R. EARLE GLENDY *reassures you with a full explanation

When a child has had rheumatic fever, either with or without resulting heart damage, he should receive careful attention when colds or infections occur. Bed rest is necessary.

The physical education classes need not be a source of concern either to the teacher or the child who may have a heart murmur—at least until participation is found to be dangerous.



Ferdinand S. Hirsh

THE newer knowledge of heart disease and the uncritical, often careless, publicity about it has created in the minds of a large number of persons certain misconceptions that should be corrected. Perhaps the most important of these has to do with heart murmurs. Those parents who learn for the first time that Johnny or Susan has a heart murmur when they receive such notice from the school physician deserve a reassuring word to temper the shock and apprehension that naturally comes with such news. Likewise, the teacher, particularly in his physical education classes, may feel strongly the responsibility of a child known to have a heart murmur, and he should be afforded some insight as to the nature and significance of heart murmurs. It is fair to say at the outset without being too optimistic that a large percentage of so-called heart murmurs are of absolutely no significance; many are of only

minor importance, and only a comparatively few are of serious consequence in children who are able to attend school.

Just what is a heart murmur? Technically, a heart murmur, detectable by listening over the heart with a stethoscope, is a blowing sound that occurs with each heartbeat and from its nature is distinguishable from the ordinary heart sounds. The characteristics of a murmur depend on the person's pulse rate, the position of the patient (upright or recumbent), the changing phases of respiration and the thickness of the chest wall. The significance of a particular murmur is determined by: (1) the length of time it is known to have been present, (2) the intensity, (3) the pitch, (4) the location, (5) the position it occupies in the cardiac cycle, (6) the areas over which it is heard, and (7) the effect of exercise, position and respiration on it. It is not within the scope of this paper to discuss murmurs in any further technical detail.

As a rule, in childhood heart murmurs occur:

1. When there is some developmental abnormality of the heart.

2. Frequently in children who have had rheumatic fever or chorea [St. Vitus' dance].

3. In the presence of some acute or chronic debilitating disease or with severe anemia.

4. In children with perfectly normal hearts.

Developmental abnormalities of the heart are present from birth and are referred to collectively as congenital heart disease. Six per cent of all cases of organic heart disease under 20 years of age in New England fall into this classification. The condition may not be evident or may be overlooked in infancy.

Rheumatic fever or chorea, which are closely related, may cause such damage to the heart as is commonly referred to as a "leaky valve" by the layman. This type of heart disease, known to the medical profession as rheumatic heart disease, constitutes 93 per cent of all cases of actual, organic heart disease under the age of 20 years in New England. It is well to remember, however, that many children who have rheumatic fever or chorea escape permanent damage to the heart with prolonged bed rest and proper care until all evidence of infection has subsided, for we know that these infections, instead of being acute and short lived, are in fact chronic and may smolder unnoticed by the casual observer for weeks or months. It should be emphasized also that a child who has had rheumatic fever or chorea in the past with or without resulting heart damage should receive careful attention when colds or other infections are present because of the tendency to recurrence this rheumatic infection has at such times. It is important that children with a rheumatic tendency have their tonsils out but *never* during or shortly following tonsillitis and *never* in the presence of active rheumatic infection.

Where there is acute or chronic debilitating disease or severe anemia, the murmur is usually transient, disappearing or diminishing in intensity with recovery. There may be no inherent heart disease.

Just what should we do about heart murmurs? The pendulum of medical opinion regarding heart murmurs has swung from one extreme to the other and is ever changing. Some doctors regard them with apparent indifference and others with more, and sometimes unjustified, concern. Somewhere between these two extremes is the common sense ground for the management of both the patient and his family. The importance of the problem lies in the danger of focusing the attention of the child and parents too much on the heart. If continued, this may affect the child's welfare and morale and result in panicky, oversolicitous parents.

When a child is said to have a heart murmur, it is wise to have him examined by the family physician to determine if possible the significance and importance of the murmur. At times when the murmur disappears with change in position or with the breath fully held, the decision is easy, and the murmur can be entirely disregarded. At other times, the distinction between organic and so-called functional murmurs may not be so easy. It is here that careful management of the child without too many restrictions may mean the difference between a nervous, apprehensive, unhappy individual and one who can carry on normally and happily in spite of a slight handicap. Even if a child has definite evidence of slight to moderately severe heart disease, great care should be exercised in permitting him the maximum of activity that is consistent with his well-being. Failure to do this marks him as radically different from his associates and creates a sense of inferiority in the child. Naturally most of these children should be forbidden the strenuous activity of such grueling competitive sports as football, basketball and hockey. But they can do ordinary calisthenics, ride horseback, swim, dance or other mild activities.

The fact that so many people with heart murmurs survive to ripe old ages after full, active lives should lighten the burden of apprehension among parents about heart murmurs and emphasize to parents and teachers alike the importance of making a heart murmur, whatever its significance, the least possible handicap to the unfortunate child.

Ellis O. Hinsey

There are many good antiseptics on the market, so choose yours wisely.

IT WAS ONLY A SCRATCH!

The epitaph for many a man or child who thought the size of a wound was a true measure of its seriousness. You will at least look twice at your next scratch, after you have read this significant article by

LOIS MATTOX MILLER

IN THE FILES of thousands of physicians and hospital clinics lies overwhelming evidence that the infection of minor wounds is one of the most heart-rending and unnecessary of human ills. Easy to prevent, infection is difficult, often impossible, to cure. In case after case it causes dismemberment and death, disability, worry and heavy expense—usually because of a mishap that seemed too unimportant to bother about at the time it occurred.

A young married man, father of two children, scratched his hand while repairing a screen door and thought nothing of it. But twelve hours later his hand was painfully swollen, and the doctor was called in. *With fearful*

speed the inflammation spread, and the next day the patient died of streptococcus infection.

A woman pricked her thumb while working in her flower garden. The injury was so trifling that for some hours she was unaware anything had happened. Then she was alarmed by throbbing pain and a high temperature. A doctor administered antitoxin and rushed her to the hospital, *which she left, after weeks of battling for her life, minus one hand.* The cause: gas gangrene.

A boy of 9, while fixing his toy train, stuck an ice pick into his leg. The small wound hurt little and bled less, so he bore it like a soldier and told no one. A few nights later, he was wracked by convulsions and high temperature, and the doctor came—too late. The death certificate read: "Tetanus infection . . ."

A young father scratched his finger on a safety pin while changing the baby's diaper. He said later that even if he had thought to disinfect the minor skin break he would not have had time, because his wife was away, and he was too busy with the children. But the entire family soon faced the serious consequences. An infection that started in the finger spread to the hand itself. For a time it looked as though the whole arm might have to be amputated, if the man was to live. Then, through some combined miracle of nature and surgery the infection was halted and cured. Amputation was unnecessary, *but today the young father carries a "frozen" hand which is a serious occupational handicap.*

A boy playing on a high school football team developed a blister on his heel. The blister broke, and in his eagerness to continue practice, he strapped an adhesive bandage over the heel and played for several days with what he called a "game leg." It was not a blistered heel, but a streptococcus infection of the leg, *which sent him to the hospital and finally resulted in his death.* The case closely paralleled that which resulted in the death of young Calvin Coolidge Jr., son of the late President.

A housemaid cut her finger on a discarded razor blade while washing the bathroom floor. She promised her employer that she would go to a local clinic and have the finger treated if it was not "better" the next day. *She died of septicemia* [*blood poisoning*] *less than twenty-four hours later.*

Every year, largely as a result of inattention to pin pricks, trivial cuts and scratches, splinters that hardly hurt, thousands of Americans lose their lives, and thousands more lose hands, legs, arms or fingers. The victims and their families, appalled by the swift, vindictive fury of infection, cry out, "But it was only a scratch! It didn't even bleed!" Yet doctors and hospitals, whose files bulge with just such "unaccountable" tragedies, know that the trifling wound is the most dangerous of all, because it puts caution to sleep. Nine out of every ten cases of serious infection spring from injuries so small that they seem negligible—and are therefore neglected. Doctors shudder when they hear that word "small." They are inclined to remind us that the bite of the yellow fever mosquito is small, too, and that a small leak sometimes gives off the fatal fumes that find their way into the lungs of the unsuspecting motorist. "So long as infection is possible, the smallest injury can be mortally dangerous," the doctors say. "It often causes more trouble than the large and bloody wound."

If we listened to doctors, who insist that every scratch demands prompt treatment, infection would be a rarity instead of a scourge. But since we cannot go running to the doctors with every stuck thumb or barked shin, what are we to do? Know what infection is, the doctors reply, and take certain simple precautions.

Here is a man of 70, who boasted he had never been ill a day in his life. While at his favorite exercise of chopping wood, he drove a splinter into his leg. He took the splinter out but did not clean the wound. *Soreness and inflammation developed, and before he could be removed to a hospital for a desperate amputation of his leg, he died.*

What caused his death? A "poisoned" splinter? Germs on a tiny spearhead of rotting wood? Not necessarily. In cases of infection, we are often our own worst enemies. No matter how "clean" we keep ourselves, swarms of bacteria—streptococci and staphylococci—are always present on our skins, as many as millions to the square inch. So long as they remain on the surface they are harmless. The human skin wages constant chemical warfare against them, casting off or destroying the germs as their myriads multiply. But once the body's Maginot line—the skin—is broken, whether by a gaping wound or a silly scratch, the bacteria can enter the body, incubate, multiply and destroy. At the moment of their entry, infection becomes possible, and its probability increases with every hour that the wound remains uncared for. Fortunately, in this *Blitzkrieg* [lightning war] of infection, the invading bacteria need about six hours to consolidate their position within the body. During this interval when the germs lie dormant (called by physicians the "golden period"), trouble can nearly always be prevented by thorough wash-

ing or disinfecting. After six hours, however, all hope of washing out the bacteria is gone. Unless the body's natural forces have triumphed single handed, the wound is now infected, and the sooner it has surgical attention the better.

Since most people are wofully negligent, why isn't the dreadful toll of death and amputation many times greater even than it is? One reason is because nature can put up a brave fight against infection, but this depends on the general physical condition of the individual. Another reason is because the body's natural forces have a second line of defense—valiant, but not impregnable—against invading germs. The blood's white corpuscles rush to the vicinity of the wound, engulf the bacteria, try to keep the infection from spreading and discharge it in the form of pus.

We should be thankful when wounds bleed freely. They cry for first aid, and we rush to the safety of the doctor's office. In addition, the blood itself acts as a sort of bland disinfectant, and its flow helps to wash out the wound. Overanxiety to stop a flow of blood—of which we all have a surprising amount to spare—can distract from greater dangers. A small child cut her bare foot on broken glass on the bathroom floor. The mother picked out the slivers, stanched the blood with a bandage but applied no disinfectant. For several days the child limped about, until a school nurse looked at the foot and found it badly infected. *After a cruel siege in the hospital, the child's leg was amputated below the knee.*

The worst tragedies lurk in injuries that seem too small even for recourse to the medicine cabinet. A housewife jabs a sewing needle into her finger, a farmer catches his leg on a rusty nail, a clerk sticks his hand into a duplicating machine. Each is too busy to bother with iodine. *Frequent result: a needless gravestone, a pair of crutches, a breadwinner who will now have to learn to work with his left hand alone.*

Most treacherous of all is the puncture, the little wound that closes as soon as it is made. Such injuries, inflicted by rusty nails, ice picks, toy pistols, objects in contact with manure, old bricks and mortar, may give the deadly germ of lockjaw or tetanus the airless hiding place it requires. Insidious and fatal in nine out of ten cases, unless antitoxin is injected, the paralysis and convulsions of lockjaw may not appear until three weeks after the little hole in the flesh was made.

How can such infections be prevented? That the great majority of them can be prevented is proved by the experience of industrial companies. Thanks to the efforts of insurance men and safety engineers, many companies severely penalize an employee who fails to have immediate first aid for any injury, *no matter how trifling.* In some large plants, where the rules are most strictly enforced, the infection rate in accidents has dropped to a fraction of 1 per cent. If the same care were observed in home and school, doctors insist, 90 per cent of the nation's infection tragedies would not occur.

Respect any break in the skin, and close the door to bacterial infection as soon as possible. Washing with soap and water is often surprisingly effective, provided too much injury to the abrasive tissue does not occur. There are many disinfectants on sale. One of the best, if the bruise is not too extensive, is tincture of iodine. A 3 per cent tincture is not as effective as the regular tincture but is less painful. Choose the antiseptics well, but avoid the use of ineffective preparations and mouth washes. It should be remembered, however, that the antiseptic treatment is never 100 per cent effective, and if there is not prompt healing of the wound and clearing up of any infection, a physician should be so advised immediately. In case of extensive injuries, the physician should be called promptly.

Don't obey that all too common impulse to suck the wound. While it helps to make the blood flow, your mouth is the snug, warm home of many of the bacteria which cause infection.

Remember when you remove a splinter with a needle that deadly germs may live on the needle. Hence the needle should always be sterilized by being passed through a flame.

Pimples and blackheads are so commonplace that they are not often treated with due regard to their seriousness. A pimple or a boil on the upper lip or on the nose is always a matter of great danger, for infection can enter the vein in this region and pass directly into the blood stream at the base of the brain; meningitis may result.

Painting a puncture with iodine isn't enough: The germs have perhaps penetrated too deeply to be reached. When caused by rusty nails and other dirty objects, show such punctures to the doctor. He has seen enough deaths and amputations caused by them not to think you overly fussy. And consult him immediately if any scratch shows signs of soreness or inflammation.

Of course, there are many persons who can truthfully boast that they have removed huge splinters and dug ice picks into themselves without either precautions or subsequent infection. These lucky people have gambled on the miraculous chemistry of the human body—and won. The part of wisdom, however, is to believe in such miracles—and then play safe.

The Health of the Teacher

***Do you show that spark of inspiration that characterizes the top-flight teacher? Your physical condition may stand between you and a successful career, says* JAMES FREDERICK ROGERS**

Eleven Commandments for Teachers

I. Thou shalt have other interests besides thy schoolroom.

II. Thou shalt not try to make of thy children little images, for they are a live little bunch, visiting the wriggling of their captivity upon you, their teacher, unto the last weary moment of the day; and showing interest and cooperation unto those who can give them reasonable freedom in working.

III. Thou shalt not scream the names of thy children in irritation, for they will not hold thee in respect if thou screamest their names in vain.

IV. Remember the last day of the week, to keep it happy.

V. Humor the feelings of thy children that their good will may speak well for thee in the little domain over which thou rulest.

VI. Thou shalt not kill one breath of stirring endeavor in the heart of a little child.

VII. Thou shalt not suffer any unkindness of speech or action to enter the door of thy room.

VIII. Thou shalt not steal for the drudgery of many "papers" the precious hours that should be given to recreation, that thy strength and happiness may appear unto all that come within thy presence.

IX. Thou shalt not bear witness to too many "schemes of work," for much scattered effort is a weariness to the soul and a stumbling block to weary fingers.

X. Thou shalt not covet they neighbor's room, nor her children, nor her manner, nor her system, nor anything that is thy neighbor's, but work out thine own salvation with fear and trembling—only don't let anyone know about the fear and trembling.

XI. Thou shalt laugh—when it rains, and wee, woolly ones muddy the floor, when it blows and doors bang, when little angels conceal their wings and wriggle, when Tommy spills ink and Mary flops a tray of trailing letters; when visitors appear at the precise moment when all small heads have forgotten everything you thought they knew.

And again I say unto you, *laugh* for upon all these commandments hang all the law and the profits in thy schoolroom.

Reprinted from the London "Schoolmaster and Woman Teacher's Chronicle"

TEACHERS are often at school when, for the good of all concerned, they should be at home. Mere presence in school does not signify fitness for work. The teacher's leave of absence on account of illness should be liberal and cumulative. The teacher who has to give up part of her too often inadequate wages for payment of the substitute teacher's work is prone to "stick it out" as long as she can. This is of course a dangerous procedure,

both for the teacher herself and for the pupils whom she is exposing to her illness.

Normal health is an essential for fitness for the work of teaching, especially in respect to that fundamental for teaching—the ability to manage pupils. On the one hand, it reduces the wear and tear of friction between teachers and pupils, and on the other hand, it keeps down any friction between the teacher and administrator to a minimum.

"Thou shalt laugh . . . when little angels conceal their wings" for the ability to manage pupils is a fundamental requisite for a good teacher, and it depends basically on her continued good health.

Figures for the amount of absence on account of illness have been furnished by a number of school systems. Several years ago, I compared these with the statistics of absence from illness of workers in other indoor occupations. The average absence for white teachers in the nine cities from which figures were available was 3.36 days. Men were absent 1.5 days a year and women 3.49 days. For persons in other indoor occupations the relative available figures (for a period comparable with the usual number of days in the school year) were 3.39 days for men and 8.4 for women.

Respiratory diseases and digestive disorders are for some reason thought to be especially common among teachers, but comparative figures do not bear out these allegations. Respiratory diseases (including colds) were given as the cause of absence by 35.5 per cent of the men and 43.8 per cent of the women in the teaching profession, as compared with 47.5 per cent of the men and 47.3 per cent of the women in other occupations. The contrast with reference to the relative amount of respiratory illness would be much greater if teachers did not work in the months in which such affections are especially prevalent. The figures for persons in other kinds of work are for all seasons.

After a survey of sickness of teachers in Cleveland, Carrothers concluded that school environment plays a comparatively small part in determining illness, except that "in all probability there is a rather direct relation existing between the type of principal and the state of health possessed by teachers." In at least one school where sanitary conditions were good and where "the principal cooperated by reducing as much as possible the strain of teaching conditions" the average absence per teacher for five years was 0.9 days, as compared with 4.79 days per teacher in all schools.

Another fortunate conclusion was drawn from an investigation of 700 teachers who had become "insane." Mason, the investigator, decided that

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"teaching as a profession did not seem to be the direct cause of psychoses." Physical disorders not due to school work were found in a large proportion of this group, and Mason suggested that "more provision might be made by leave of absence and in some cases compulsory leave."

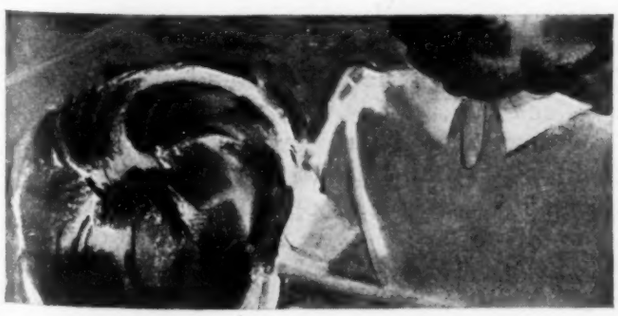
The Department of Class Room Teachers of the National Education Association recently conducted a detailed study of the health status of teachers concerning their illnesses and practices pertaining to health. Inquiries were also made concerning conditions in schools which might affect the welfare of the teacher.

This investigation gives a detailed picture of the general physical and mental condition and the health practices of teachers. It indicates that these might, in a considerable proportion of cases, be improved through more attention to the teacher's welfare by school administrators and by change of habits on the part of the teacher herself. It concludes:

All available evidence seems to suggest that teachers, generally speaking, have as much good health as they probably would have enjoyed if they had entered some other vocation. Only a small percentage of them—about 15 to 20 per cent—lack the kind of vigorous health needed for successful classroom work. There is some encouraging evidence, too, that teachers' health is improving through the years, evidence which comes not only from teachers' self-ratings but also from illness-absence records.

All this does not mean that teachers are free from health disorders, or that the demands of teaching do not in many cases undermine the health of the individual. It does mean, however, that the impression once widely current that the teaching group is made up of semi-invalids and physically incompetents is entirely unfounded.

The publication of this study, "Fit To Teach," by the National Education Association in 1938, contains suggestions to teachers on practices pertaining to physical and mental welfare.



"Thou shalt not try to make of thy children little images, for they are a live little bunch, visiting the wriggling of their captivity upon you, their teacher, unto the last weary moment of the day; and showing interest and cooperation unto those who can give them reasonable freedom in working."

Adjustments

PART TWO

Money and Children

RESEARCH studies of many marriages show that the economic condition of the family has less effect on the husband's happiness in marriage than it does on that of his wife. It is usually conceded that women put more stress on appearances; they must "keep up with the Joneses." Women who marry partly because they desire to stop working and supporting themselves frequently find to their chagrin that marriage means work, too, and a definite restriction of activities. Women who come from well-to-do families where their fathers are financially successful have trouble adjusting to the smaller homes the younger men can afford them.

Husbands too frequently act as if their pay check belongs entirely to them and as if the wife and children deserve only that part of it which he wishes to contribute. It should not be forgotten that marriage is a partnership and that all income belongs to that partnership. The wife has as much right to the money as has her husband who earns it; but it is the welfare of the family group, and not the rights of individual members of the group, that deserves prime consideration. Some wives never know how much money their husbands make or how regularly they make it, and consequently it is impossible for them to plan their household expenses. If she knew beforehand how much money would be available she could budget accordingly. Few couples can make a budget and keep it, for actual figures show that only 20 per cent of the married people are temperamentally fitted to use a budget successfully. Undoubtedly, one cause is a lack of information on how much to allow for each item on the basis of a certain income, and no provision is made for extraordinary expenses, such as a new car or hospital bills. Success in the future may be practically guaranteed, if expert advice is obtained in the beginning.

It is usually advisable that one partner take care of the payment of routine bills. It may be the husband, or it may be the wife. In most families one partner is usually more practical about such things and has a sort of knack for them that the other lacks. However, all special expenses ought to be discussed before they are incurred, and if necessary a compromise should be made. If both agree to a certain purchase, there is no chance for one to say "I told you so" in case the move proves later to have been unwise. Nothing is more important than knowing and facing the facts concerning the size of the income, and it is folly of course to live outside one's income.

The husband and wife should come to some agreement on what allowance each may have for recreational affairs. Too often the man merely spends what he thinks he wants or needs, and no arrangement is made for his wife's financial needs to run the home, for men tend to underestimate the sum required. Also, the wife should know how much her husband must pay out to run the automobile, to buy his cigarets and so on. If it is not forgotten that marriage is a partnership, there should be little trouble. The relationship between extravagance and selfishness on the one hand and emotional immaturity on the other hand must not be overlooked.

Discord caused by disagreements concerning children is common, and children in the family do not prevent unhappiness as often as is generally believed. In fact, figures obtained from statistically studied marriages point to the conclusion that children neither make for happi-

in Marriage

By NEIL T. McDERMOTT

ness nor do they make for disharmony, but individual cases are different from statistics. In some marriages, children increase the amount of happiness, but in other marriages they seem to be the factor that mars the marriage. Apparently these two states even up the general situation, but it is true that the presence of children tends to make a couple stick out an unpleasant association rather than get a divorce. Whether to have any children at all, or how many, should have been decided before marriage. A person looking forward to raising a family will receive a shock, if it is learned after marriage that the partner has decidedly opposing views. There ought to be agreement on the general methods used in the rearing of children. If the mother is trying to raise the children by modern methods, she will naturally want her husband's cooperation. If the father comes home in the evening and spoils or contradicts everything the mother has been trying to teach the children during the day, hard feelings may result, and the mother may get discouraged and give up her good work with an attitude of "what's the use!" Such inconsistency in discipline or in any other matter of training is bad for the child as well. "In-laws" must cooperate too, and if they do not agree with such new methods, their only duty is to hold their tongues and keep hands off.

The arrival of children in a family is often followed by jealousies. The children may show a real or fancied preference for one parent, making the other feel hurt. At times the wife seems to forget her husband and spend all her time and energy on the children. If the husband had been spoiled by his wife with many attentions before the new arrival, he may now feel neglected because the welfare of the baby comes first in her mind. He may even feel that she does not love him any more, and he may remove his center of interest from the home. Women should not make the mistake of playing the role of Mother all the time and forgetting that they are wives also.

Some women feel that they are unimportant cogs in the machinery of marriage, and in certain cases of childless, unemployed women there may be a spark of truth in it. But if the woman is a mother she has no need for such feelings of inferiority. She ought to consider the profession of motherhood as important as any other profession, and she and her husband ought to be aware that her job is every bit as dignified as his.

Divorce

Some of the factors which cause unhappiness in marriage have been considered, and most frequently it is these factors that lead to divorce. Emotional and personality difficulties and sexual incompatibilities are considered the most important. Also, it has been pointed out that to a large extent these two factors—considering emotional and personality difficulties as one factor—are but different aspects of the same problem. When these or other difficulties are present, many people assume that divorce is the only solution, and they proceed with the legal steps without further consideration of the problem. This assumption that divorce is the panacea for marital disharmony needs to be examined critically. I think it will be possible to show how mistakes are made and how often only disappointment results.

The person who cannot get along with the marital partner because of poor emotional adjustment does not always solve the problem by divorce, for the simple reason that such an immature person is not well adjusted to people in general. The fault is not with the marriage

but with the person in question. If he or she had been living with relatives instead, it is likely that a similar situation would have arisen, namely that it would have been impossible for the poorly adjusted person to get along with the relatives. When such a person gets a divorce, the problem is not solved; one set of difficulties is merely changed for another. The same can be said about the person who obtains a divorce because of failure of sexual adjustment. It is well known that persons who re-marry after a divorce are often unhappy in the second marriage for the same reasons that marred the first attempt.

This slant on the problem of divorce is brought out here for another reason. In such instances not only is divorce not a complete solution and so is not always indicated, but also by recognizing the nature of the problems and by instituting the proper steps, the marriage may be saved. Such difficulties are usually psychologic or emotional and can be treated by your physician or by some other doctor trained particularly along such lines. In other words, such individuals ought to be handled as sick people who need advice and treatment along psychologic lines. Divorces are too often obtained blindly.

If, instead of running to Reno when faced with marital troubles, the couple would consult with a physician or psychiatrist, he could study their situation in detail and show them how better to handle their temperamental difficulties or give them specific physiologic information.

Suppose a woman, who has been troubled with pain in the upper part of her abdomen, goes to a surgeon's office. She announces immediately to the surgeon that she has gallbladder disease and wants him to operate and remove it. The surgeon realizes that pain in that locality may result from one of several causes. He does not accept her diagnosis without question. After all, why should she be expected definitely to know the cause of her trouble? The surgeon proceeds to take a detailed history of her illness; he inquires carefully into the character and duration of the symptoms; he does a thorough physical examination, and perhaps he carries out some appropriate diagnostic tests. Only now is he able to make his diagnosis, and let us say that he decides she has a stomach ulcer and not gallbladder disease at all. In such a case, operation is usually not necessary, and she can be cured by appropriate medical treatment.

However, when a woman presents herself to a lawyer, tells him she is sick of her marriage and wants a divorce, the situation is usually different. Frequently, the lawyer accepts her diagnosis without careful study of her case, and he accepts her ideas about treatment without question. Without further ado, plans are made to obtain the divorce. She has made her own diagnosis, but she has no special training in such matters and is likely to be wrong. As already stated, it may not be the marriage that is primarily at fault but rather the individual herself. Then again the appropriate treatment of any condition is dependent on the diagnosis. In the case of the woman with the stomach ulcer, removal of the gallbladder will not help, and by the same token, divorce for marital difficulties is not always the solution of the problem. Instead of divorce being the treatment indicated, the help she needs may be the advice and treatment by a physician or psychiatrist who will study her situation in detail. He may be able to show the couple how better to handle their temperamental difficulties, or he may be able to give specific instructions concerning sexual matters and in this manner clear up the situation.

By this discussion, I do not mean to imply that divorce is never necessary. On the contrary, in certain instances it seems undoubtedly to be the only solution. Nevertheless, before this drastic step is taken, the couple should consult a physician or other qualified person in order to determine whether appropriate steps can be taken to straighten out the situation and in this way save the marriage.

Conclusion

DWINDLIN' HENRY—*A Saga of the Children's Hospital*

By PARK JERAULD WHITE Jr.

I

CALM

Beaming contentment and a mother's pride
At Henry's three short years of cleverness,
She sat at the door and sniffed, while chitlin's fried
In pungent grease on the stove she shared with Bess.

No chairs, no screens ("Huh! Us an' flies don't need 'em!")
But solid comfort on the broken sill,
"Ten kids? Mah Lawd! All ah kin do to feed 'em—
Ten, and fo' daid—'twas God an' Jesus' will.

"Jes' looka dat now Bess, ain't dat a boy?"
And Henry launched his great half-melon-rind
In the flood-swollen gutter with more joy
Than ever Admiral could call to mind.

Now Henry's mother, Concertina Lee,
Was cook for white folks gone to cooler climes.
Before they left, they said, "Your pay must be
Reduced to five a week these awful times."

Oh well, small pay was better than relief—
Although folks said she was a plain darn fool.
"'Tina, jes' look! Why Henry, yo's a thief!"
He'd left his boat a-spinning in a pool

And run to gulp the milk from Sammy's dish,
While Sam (poor skinny cat!) looked so forlorn
They chuckled. "Po' Sam! Have a hunk o' fish!
Why—Henry's at dat too, jes' sho's yo' born!"

"Ah sho' does like to eat!" he piped with pride,
Gnawing the fish beside the envious cat.
"But still he dwindles, dwindles!" 'Tina sighed.
"Ah stuffs an' stuffs him but cain't git him fat!"

II

STORM-CLOUDS

So 'Tina's friends brought Henry butter, cream
They fixed him gravy, pork and juicy ham.
But Sunday, Granny said, "Ah jes' could scream!
Dat chile keeps dwindlin' so!—ain't wuth a damn!

"'Tina, yo'll never raise him, Ah'll be boun'!
Skinnier'n ever—ain't even peart no mo'!
Jes' sleeps 'n eats. Looka him layin' down,
Cain't git his po' li'l haid off'n the flo'!"

Then, as though sensing trouble, Sam, the cat,
Climbed up on Henry's shoulder as he slept.
"He'll take dat po' chile's breath!" screamed Granny. "Scat!"
"It's bad luck!" groaned poor 'Tina, and she wept.

Then—sure enough!—the cat had scarcely gone
When Bess observed, "He's breathin' deep an' quick!
Right now! O curse that Sam! Now what's he done?
Dat ain't jes' snorin'. 'Tina, Henry's *sick!*"

They pushed him; tried to wake him, but they failed.
The more they shook, the limper he became.
"O, Lawd! Git the doctuh quick!" his mother wailed.
"Which doctuh?" "Hell! Ah done forgot his name."

III

CATASTROPHE

At last! The doctor! Kindly, skilful, black,
Watching the rhythm of poor Henry's bones,
Thumping sharp ribs, feeling the knobby back
And tight-stretched skin, ignoring 'Tina's moans,

He even leaned to smell his patient's breath
Which all the crowd now filling the bare room
Expected soon to stop. No stranger, Death,
To those who live where want casts forth its gloom.

"Ah! There! He's through!" They crowded round to hear.
"It's bad, quite bad. I'll give a 'shot' right now
But, Mrs. Lee, just don't have too much fear.
Children can stand what grown-ups can't, I vow.

"He's in a kind of coma. I'm afraid.
It must be diabetes. There's one hope.
In Children's Hospital are some who've made
A study of this, where we could only grope."

"No hospittle! Lawd, no!" screamed every one.
"Remember Frankie Johnson?—Susie Jones?
He'll grieve hisse'f to death dere all alone!
Dey'll 'sper'ment on him! Lawd! Po' sack o' bones!"

"Come, where's his father?" broke in Doctor Fay.
"Nev' min, *dat* man!" cried Granny. "We don' care.
But hospittle? We'd lay our boy away
Daid in de graveyard 'fo' we'd take him *dere*."

"Well, that's your privilege!" said Doctor Fay,
Packing his bag as though about to leave.
He took his hat then said, "Oh, by the way,
He's in a stupor, so he'll hardly grieve."

He left—unpaid, of course—but soon returned
To see the Ford truck loaned by Uncle Joe
Careening round the corner. "Well, they've learned,"
Said he. "Maybe a life's been saved. Hope so!"

IV

HAVEN

"Admitting! Dr. Eleanor Brown—admitting!"
Echo the "speakers" through the spotless halls,
There in the white-tiled room "the folks" are sitting,
There on the table, ragged Henry sprawls.

A girl comes in—yes—just a girl in white.
She's very nice—calls 'Tina *Mrs. Lee!*
And pats poor Henry, though he's sleeping tight,
And then examines—Oh so carefully!

Another girl, this one with pointed cap.
The first one says, "It's coma—acidosis
We'll get some blood—no, not a spinal tap.
Yes, even with insulin, a bad prognosis."

"Excuse me please." says 'Tina timidly.
"When'll the *doctuh* see ma little chile?"
"Why, I'm the doctor." "Yo'? Why yo's a *she!*"
"Quite so!" says Dr. Brown, with proud, quick smile.

Then (cleverly), "Go call Professor Slyke
At once." And so they wheel poor Henry out.
"*Professuh!* Dere now Bess, dat's somethin' like!
Dey'll he'p 'im sho! I jes' ain't got no doubt!"

And in the Treatment Room they're all prepared.
By magic other doctors have come in.
The spindly arms, the heaving chest are bared
"His veins are easy," says one, "he's so thin.

"We'll test blood sugar and his CO_2."
So, proving what before was but suspected,
They "figure ins'lin, lactate-Ringer's, too,
Per kilogram of child, to be injected."

"Per kilogram of dwindlin' Henry! Yes,
That's what they call him; don't you think they're right?"
Says Dr. Brown, cool in her kindliness.
They work, inject and talk into the night.

More watchful care had never prince nor lord.
The night nurse hovers, charts; she comes and goes
Hither and thither in the darkened ward.
What's this? It's Henry, wiggling his toes!

And then the sunken eyes with bluish whites
Begin to open. Henry stares above him;
"Sam! Whar's dat cat at?" First he smiles, then fights,
Then sees the nurse. "Is yo' a angel?" Love him?

You couldn't help it, even "coming to
From coma, he had something—" won the nurse.
"Sure I'm an angel, Henry, bringing you
Back over Jordan and without a hearse."

RESURRECTION

Next morning early, the two women come
As to a sepulcher to find their dead,
Afraid they'll tell them, "Take poor Henry home—"
All trembling when the nurse says, "Here's his bed."

There in the crib they see—a big toy boat;
(Asked what he wanted, that of course was it.)
A voice behind the sail says, "Ah cain't tote
Dis now, but Ah will sail it yit!"

As Henry's wan but beatific smile
Flashes upon them round the snowy sail,
'Tina and Bess kneel on the glistening tile.
Says 'Tina, "Give God all de glory! Hail!"

"Yes, that's right," says the nurse who's standing by,
"And then thank God for doctors working years
To learn these things so Henry needn't die."
"Amen, Nurse, and Amen!" they add with tears.

And so the doctors study Henry's case,
With many tests, and food that's weighed in scales.
Corners give place to curves in Henry's face.
"The folks" go home with most fantastic tales!

How Henry's fattened to a butterball,
(The neighbors can but cry, "Now glory be!")
How "Henry don' min' insulin a-tall,
An' now they're teachin' food an' shots to me."

The doctors wonder 'Tina learns so fast.
(She's still so glad they call her Mrs. Lee!)
Bess is afraid "it's jes' too good to last";
But Henry says, "Metabolism—dat's me!"

He's been discharged! He calls out, "Sho! Ah'll come
Back for mo' tests! An' Ah won't never cry!"
Then 'Tina: "Folks, King Henry's goin' home!
We brings him daid, we takes him steppin' high!"

Photos, Holmes I. Mettee

On sunny days, the beds are rolled out on the porch, where Miss Roberts then conducts her class in "something to do."

"Something to Do"

***An essential for sick children is occupation, declares* EDWARD Z. HOLT**

"I WISH I had sumpin' to do," whimpered little Alice as she lay in bed for the fourth day of her illness. "I'm so tired of just lying still," she added.

Over and over again words very similar to Alice's are being repeated by children who must stay in bed because of colds, measles, mumps or other children's sicknesses. Mothers suffer almost as much as children in trying to provide that "something to do."

But when the few bedridden days of the average child are lengthened into months and years in serious illnesses, the "something to do" problem grows in corresponding importance.

Medical, surgical and hospital aid are fortunately becoming almost universally available. At any hour of the day or night an army of medical "life savers" stand ready to battle for the lives of both princes and paupers. However, with the actual medical saving of a life, the job is not all done. For months after an operation the patient may have to lie in bed while his leg or hip is healing. For perhaps a year after an operation he may have to live strapped to a frame so that his tuberculous spine may heal.

What happens to the mind of a patient, especially that of a child, confined for so long a

Those little girls have found their fun in making doll clothes. Others have sewn and stuffed those calico animals.

"My very own," says this little patient as she proudly displays this doll which she made herself while recuperating from a heart ailment.

period? Long, monotonous hours of lying flat on their backs while they hear the laughter and joyous shouts of children playing outdoors. This is the other part of the job of getting well that has been more or less neglected.

About the year 172, Galen, an ancient doctor, said, "Employment is nature's best physician and is essential to human happiness." This is the motto which the Children's Seashore House in Atlantic City, N. J., has adopted. This home for convalescent children of any race, creed or color, suffering from any noncommunicable disease, including malnutrition, was founded in 1872. It was the first institution of its kind established in the United States.

Occupational therapy is the technical name for the project undertaken at the Children's Seashore House to cure the mind as well as the body. One purpose of occupational therapy is to bring about through the medium of an interesting pastime the coordination and reeducation of muscles that have long been inactive. However, there is a still more subtle purpose to the work done at the Children's Seashore House. That purpose is to make the laughter and shouts of the healthy children less depressing to the children in bed or hobbling about on crutches.

The occupational therapy room, more familiarly known as "the shop" is a large sunny room on the ground floor. Here the youngsters who can get about meet in groups of fifteen or twenty to learn to "make things" as they term it.

But the work accomplished with bed patients is undoubtedly the most important aspect of the program. Lying in the wards are children from 1 to 15 years old suffering from tuberculous hips or spines, osteomyelitic [inflamed] bones, infantile paralysis, cardiac disorders and chorea [a convulsive nervous disease]. The handcrafts they learn are aimed to keep mind and fingers busy and interested, although the rest of their bodies are useless for indefinite periods.

The cases which have most interested the therapist at the Children's Seashore House, Miss Grace Roberts, are the children who are

Cord knotting to make dog leashes is a favorite diversion of the bedridden children. This little boy with the tuberculous spine is absorbed in this occupation.

strapped to frames and those who have such heavy casts on that it is impossible for them to move.

She has constructed special apparatus to make it possible for them to enjoy the diversion of "making things." Adjustable frames are used which can be attached to the beds and support the work.

Cord knotting to make dog leashes is a favorite occupation of the bedridden children. The cord is tied to the bed in such a way that the patient can work, although he is lying flat on his back. Hand looms and leather lacing are also well adapted for these children.

"The older children make stuffed dolls which are particularly interesting," Miss Roberts commented. "The funny dolls with embroidered faces and queer ears have actually become an outlet for expressing the children's personality."

Patients ranging in age from 7 to 10 make dog leashes, leather key cases, wallets, photograph albums, book covers and belts. Those who have a flair for drawing are supplied with materials. Older girls are taught needlecraft and weaving, and the older boys do excellent work in chip carving.

The spirit of competition is another important factor in the work at the Children's Seashore House. It gives the youngsters an incentive to do their best when they know that the nicest articles will be placed in display cabinets.

Another excellent result of the plan, in addition to that of supplying diversion to all and actual functional cure to some, is the feeling of responsibility which each child develops. In order to reduce the expense of the work material, each child is required to make two similar articles if he wishes to keep one. In this way the children have learned to value their own articles. They have earned them!

Whether occupational therapy helps the young patients most in a diversional or functional manner, it gives them the "something to do" which makes them happy, and the result always speeds the patient along the road to recovery.

Finding himself all tied up in his work, this convalescent youngster has to call for help from Miss Roberts.

If You Don't Keep Fit

ONCE people kept well to keep from dying. Now they keep well so that they can live while they are still alive. People used to call the doctor after they became sick. Now they go to see him before they get sick. Or some of them do. Most of the others should.

Obviously, the foregoing statements represent trends rather than actual practices. And these trends indicate that the American people are becoming health conscious. The person who seems to *enjoy* poor health seldom has many listeners, therefore not many friends. Economically and socially, it pays to keep well.

Some few decades ago there was only one kind of illness; that was physical. Of course, we heard of a few who "went crazy," some who could get along with no one, others who did strange things and talked about stranger ones. But no one ever spoke of them as being ill. So long as they were "up and about," they were regarded as "well."

Now we have the mentally ill, and these are treated in especially equipped hospitals. We have also the emotionally unbalanced, and we are progressing in the treatment of their condition. Some would have us believe that the person who drinks intoxicating liquors is really diseased. Still others may be spiritually ill.

This more recent attitude toward health has come about with a better understanding of personality and with the belief in the oneness of body, mind and soul. It follows as night the day: We have body physicians, mind physicians and soul physicians. The differentiation in specialized fields goes even further than these three classifications. It is truly an age of the specialist. What a marvel is Man!

Keeping fit in the light of these specialized fields is truly marvelous; for there are so many quirks in human nature. Man is a prey to so many diseases. The speech specialist tells us we do not talk correctly; hence our words are unconvincing. Some other specialist tells us our posture is wrong; hence we cannot think as well as we should. Our eyes are myopic; therefore our observation is not to be trusted. We suffer from nervous indigestion, and our colleagues get on our nerves.

But too much attention to what ails us will produce still another disorder. We best think in terms of health. Perhaps, after all, there is something in saying each morning: "Every day

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in every way, I am getting better and better." Statistics may show that in every way we are getting crazier; but then, statistics are gathered by men, some of whom may be diseased.

Health has been defined as "a state of well-being." The healthy personality, which involves mental, emotional, moral and social health, "is one which enables the individual to make successful, happy, and effective adjustments to the environment."

The difference between the quick and the dead is often no more than a second. What one does in that second will be predetermined by his personality—his "state of well-being." With motorized transportation on all thoroughfares, we need to know much about keeping fit. Not only as a driver of a motorized vehicle, but also as a pedestrian, I must think for myself and be capable of thinking for the other fellow. The way of the motorist, male or female, passeth all understanding.

If alcoholism is a disease, then the victims of that disease should be given protection or cure. Certaintly they should not be given a chance to endanger the life of my child.

I read in one authority, "Health is a problem which has forced itself upon the attention of the nation." Why shouldn't it, when, apart from the suffering of ill health, it affects the nation economically? Why shouldn't it, when families with small incomes have to live in constant fear of sickness? Walking down the street the other day, a man said to me that unless he could get an operation within six months he had no hope of living. That operation he could not afford. Wasn't he facing a dilemma?

***Economically and socially it pays to keep well. Moreover, if you don't keep fit, you have only a small chance of being either efficient or happy. So heed the words of* CALVIN T. RYAN**

We read again, "A sound body and good health are essentials for efficiency and happiness." If one doesn't keep fit, then the conclusion is obvious. He has only a small chance of being either efficient or happy. Again in our complex society with our emphasis on efficiency and efficiency experts, the inefficient is doomed to an unhappy existence. There is no reason for blaming the employer, even in time of great unemployment, to prefer and to hire the most efficient helpers he can get.

Business is no longer negligent in recognizing the necessity of keeping its employees free from disease and illness. There should be an air of pleasantness about the salesroom, and the salespersons have much to do with creating this air. Employees who come to work smiling, who are ready with a wholesome laugh, are those who sell and consequently those who make money for their employer. It pays the employer to pay his employees to keep fit.

Since there are about as many personalities as there are individuals, we should expect differences in what it takes these persons to keep fit. Once we had a very imposing height-weight-age chart for children, and teachers fussed and fumed in an effort to bring all their charges up to schedule. For some reason those addicts of the chart had not noticed that some children are tall and thin; others short and slender. They had, apparently, not noticed that children grow at different rates. With such individual differences among the children, naturally there could be no general average of weights and heights which would be the "normal" weight and height for all children.

It is equally true of adults that the normal will not necessarily be the average. Both my rate of breathing and my blood pressure are lower than the average for my age. Occasionally I find that my temperature drops below the normal. For me those differences do not necessarily indicate ill health. Every member of my family lived a normal span of years considerably under the average weight for their age and height; yet an insurance company refused me health insurance because I was underweight. My variation from the average was sufficient grounds for the company to mark me as not a good risk.

"Personality" is the thing most written about in present day "improvement" literature. We find it in books; we find it in magazines. Both the scientific and the spurious discussions agree on abounding health as being the most fundamental factor in acquiring the coveted traits.

Sallow complexion, drooped shoulders, slovenly posture—all these result from poor health. And all of them detract from the victim's personality. Even when we go to hear a speaker, we want him to stand straight, have a ready smile, radiate good health and good humor. The speaker for a "cause" lacks persuasiveness whenever he is ill. The leader of a conference knows that he must be "in the pink of condition" before he can meet his colleagues in point for point discussion. The chairman of a sales conference will fail to "pep up" his salesmen if he is tired out or "nursing a cold."

If you don't keep fit, you need not expect to guide or in any way influence your fellow men. Unfitness is costly to a man who has charge of other men. This unfitness need not be confined to physical disorders or organic disturbances. It may be neural. It may be emotional. We know that emotional stability is a prerequisite for a successful teacher. Children readily absorb their surroundings, and like the chameleon which takes on the color of his habitat, the children take on the emotional coloring of their surroundings.

Proper mental connections are determined by the health of the nerves. A person who is mentally fatigued or who has some nervous disorder will find himself forgetting what he should remember, suffering from word paucity and getting generally "balled up." The most piteous cases which came to my observation at the close of the World War were those with "nerves." A college professor on the verge of a nervous breakdown wept whenever he stood to speak. When he was finally sent to bed, he wept whenever any one called to see him.

Poor health interferes with one's power and accuracy of observation, therefore with the truth and accuracy of his conclusions or reports. "Whether life is worth the living, depends entirely upon the liver!" The statement is more than a pun.

A certain school superintendent is subject to "spells." Whenever he is suffering from one of those attacks, it is almost dangerous to go near him. He is insulting. He is unreasonable. Obviously what he says at those times cannot be taken as reliable and impartial.

It is said that Mrs. Carlyle advised a group of women on one occasion never to marry a genius. Perhaps her husband was not an impartial sampling, for his chronic indigestion has made history. Breakfast may not taste as well as usual to the man who has been out the previous night imbibing strong drink; nor should his wife advise other women not to marry a drunkard simply because he won't like the taste of their breakfasts. There should be at least some more scientific reason for the advice.

Perhaps ill health exposes its ugly head no where more speedily than in the victim's speech. I understand that whenever an actor is not feeling well, Hollywood producers and directors have him or her make a voice recording. We movie fans may think that some of the actors we hear are chronically ill, but apparently their voices have passed the voice doctors on the set. A teacher of speech of my acquaintance put one of his students on a diet. Another time he sent a pupil to a physician for a physical check-up. One can't do much with his voice if he has disorders of the body.

One of my university instructors used to say: "The righteous soul inspires righteousness no matter how commonplace may be his topic or how halting his words, while the words of the hypocrite, no matter how portentious his topic and how eloquent his speech, ring hollow and false." There is such a thing as spiritual ill health. Saul, conscience stricken at witnessing the stoning of Stephen, wanted to slay all Christians. King Saul, insane with jealousy, wanted to kill his best friends.

It pays to keep fit. It pays the professional man. It pays the business man. The loss is more than immediate suffering, more than immediate loss of business.

The problem of health may have been forced on the attention of the nation, but we should be happy that it has been. We should be even happier that we are learning there is a way to keep our health. Children in our schools are taught health habits. Health attitudes are stressed. Children are not told so much about sickness as they were some years ago. Fear is no longer used as a teaching device. Fear may have to be used for the man or woman of middle age, for none of us lives as hygienically as we know we should. But even here the more constructive method of health preservation can be used.

Men who never played before are learning to play. Vacations for business and professional men are orders of the day. Presidents of democracies take to the high seas and go for fishing trips. Dictators of totalitarian nations seek their mountain retreats. Even school teachers take long automobile trips. College professors indulge in golf, tennis and a week's fishing. Maids-of-all-work demand their vacation and go to the world's fair.

Proper recreation is the secret to physical and mental fitness, we are told by rather outstanding authorities both in the field of medicine and the field of sociology. Play aids mental growth. Play and recreation bring out the beauty of face and physique. It develops the affective nature. It has spiritual values. "If you want to know what a person really is, watch him play."

If you don't keep fit, it is largely your own fault. If you don't keep fit, you will suffer the consequences, to be sure. But more than that, you may cause others to suffer. Sickness in the family disrupts the entire household. It may even throw them on relief. Let us be thankful that the problem of health has taken on a national character. But let us not shirk as individuals in doing our best to keep well.

CHILDHOOD FEARS

What are *you* afraid of? Whatever it is—the dark, electrical storms or mice—you probably acquired that fear when you were a child, declares

HERMAN M. JAHR

FEAR is a biologic mechanism intended for the preservation of life. Behavioristic psychology teaches us that the infant is born with two basic fears: that which accompanies loss of physical support and that which is occasioned by loud sound. These are presumably fear instincts utilized by primitive man as warnings against an approaching enemy. They called forth various defense processes which, by fight or flight, helped to protect the individual or the tribe from injury or extermination. Whatever other fears a person may possess, this school asserts, they are acquired through environmental circumstances. It is significant that mentally defective children as a rule do not suffer from many fears and that, conversely, the child with high intellect, perhaps because of his keener imagination, often suffers from more numerous fears than his fellow of only average intelligence.

It is not my aim in this article to enter into an academic discussion of the philosophy of fears. Rather do I wish to consider some of the practical phases of the subject in the hope that through a better understanding of the nature of this emotion, parents may be enabled to exercise preventive measures or to acquire such basic knowledge as is necessary to free their children from the many fears with which they are already suffering.

There is no other emotion which is more capable of undermining the self respect and security of the child. A youngster harboring fears is incapable of participating whole-heartedly in the usual activities in which children indulge as a means to physical, mental and social development. Failure and the fear thereof become an obsession. Ultimately they become a bad habit, tolerated only superficially, often camouflaged by reckless bravado. Underneath, deep resentment robs the youngster not only of initiative but indeed of everything that may resemble hope or achievement. He soon becomes reconciled to mediocrity and conducts himself accordingly. What wonder, therefore, that countless thousands of adult men and women find themselves victims of innumerable fears, fears which they themselves cannot explain. Their life is a continuous struggle with the intangible will-o'-the-wisp.

In the child, fears usually take on definite form. His frankness and his inexperience in life in many instances cause the youngster to

During one of the arguments, he was suddenly pushed into the swimming pool. He screamed and struggled; but they only laughed at him.

name the fear object in simple terms, in an unconscious effort to be relieved of his burden. It is only after he has been scolded or ridiculed that the real cause of his terror becomes a hidden secret, so hidden, in fact, that the child himself soon loses knowledge of its origin. Under such circumstances the problem becomes extremely difficult and occasionally impossible of solution.

There are times when sudden fright produces a fear complex that is utilized to escape undesirable tasks or to express protest reactions. Harold, 8 years old, becomes so terrified at walking up steps in his home that for the past three months he has been sleeping on a couch in the living room. Neither he nor any one else in the family can account for this peculiar fear, especially since the little fellow climbs with impunity ladders and trees and fences of all heights.

Or consider 7 year old Bobby, the youngest in a healthy, middle class family of four children, who is literally afraid of his own shadow. He becomes speechless at the sight of strangers. Thunder or lightning terrifies him, and the slightest wind or the mildest rain always necessitates closing the windows in his room. Both boys are bright, and they appreciate the unreasonableness of these reactions. But "I can't help it," each of them declares.

These two cases are neither unique nor mysterious. Harold had grown to despise his "youth" bed. One evening while on his way up to his room, he was frightened by a thunderclap. He screamed and fell backward three or four steps. Since that time any effort to walk the steps brings on "a funny feeling in my stomach."

Bobby worked his fear complexes to spite his parents for praise constantly showered on an older brother.

Parents often assert that the fears from which their children suffer are inherited. Invariably they offer as proof the fact that either the mother or the father is afflicted with the same fear or set of fears of which they complain in their offspring. This interpretation is not only unsound but dangerous, because most parents view inherited tendencies as matters of fate, for which there is little to be done and even less to be expected. In absence of a specific fear in either parent, the mother will always seek out some one else in the family to prove her contention of inheritance. An amusing instance of this sort came to my attention a few months ago. A 6 year old girl suddenly developed a fear of grasshoppers. The sight of these insects would cause her to shriek and run for shelter. And

The very sight of a grasshopper would cause her to shriek and run for shelter.

since grasshoppers were abundant in this locality, the problem assumed great importance. Her mother assured me that fear of insects ran in the family. While she herself did not inherit this peculiarity, a maternal aunt would "get fits" at the approach of a locust. It developed that this aunt had been making her home with the family for the past several months and had convinced the child "that grasshoppers bite not only crops but people, too."

Many fears are acquired as a result of sudden shock. When they make their appearance immediately or soon after the initial scare, and when the causative factor or factors are clear, these fears usually yield to reasoning. When, however, as frequently happens, the origin becomes concealed, the problem becomes a very difficult one. Margaret Jones is 13 years old, of good intelligence, in sound physical health. For the past three years she had been moody and indifferent to things about her. She is obedient and good natured, but she seems to have no ambition. In school the teachers complain she is always in a daze. Nothing in her history points to anything suspicious. According to her mother: "You cannot tempt her with anything. Reasoning is of no avail, and scolding makes matters worse. We have tried not to take her seriously. It made no difference. She really does not demand much attention; in fact, she is better satisfied when we let her alone."

Margaret herself appreciates her problem. She would be glad to cooperate, she assures me. She responds excellently to the various mental tests. She is given all the encouragement to which she is entitled, but there is no perceptible improvement. It becomes evident that the basic cause remains a mystery. In desperation, following many interviews, it was suggested that she be sent to a farm for a short stay. "That is out of the question. The girl simply hates the country. She has such an aversion to farms that the mere mention of the word is enough to cause brooding for days to come." For the first time in our acquaintance Margaret remains silent, and refuses to explain her reasons for such an attitude. She merely agrees with her mother's statement that she hates the country. Perhaps she has had an unpleasant experience in connection with farms. We shall see.

Besides the fears resulting from an oversensitive nervous system, those induced by imitation and those originating from sudden shock, there is a type of fear caused by a feeling of incompetence. In an attempt to force a change, grown-ups may work irreparable harm. Mr. Wells is a successful business man with a family of three children. He is extremely unhappy because he has not learned to enjoy life. At the age of 8 years, he relates, he was sent to a boy's camp. He was a good camper, but he had an idea that swimming was beyond his capacity. The director argued with him on several occasions, and during one of these arguments, Mr. Wells asserts, he was suddenly pushed into the swimming pool. "I screamed and struggled and I was sure that I would drown. Instead of helping, every one laughed at me. When I came to, I was on my cot, the director standing by my side grinning and scolding me for being a coward and a 'softy.' Believe it or not, I have never made another attempt to swim since. I would give my right eye to be able to take my kids out to the beach, but I feel awkward about not being able to swim."

The fact is that Mr. Wells still harbors a fear not only for swimming but for a good many other activities as well. He feels incompetent in the things that he would like to do. It is futile to assume that this man's limited incompetence is entirely the result of the swimming pool incident. It is, however, reasonable to suspect that had the director used more tactful methods in teaching the boy to swim, the outcome would have been more satisfactory. Modern teachers resort to better procedures with more encouraging results. It is doubtful whether, under any circumstances, Mr. Wells could have turned out as a champion in athletics. Under better instruction, however, it may be confidently said that he could have enjoyed life with his children more fully than he does today.

The fear of insecurity is responsible for many disorders of conduct among children. Unfortunately, the cause for such misbehavior is not often clear, for the obvious reason that parents, as a rule, have little or no conception of the true situation. Many persons measure security in terms of material possessions. Contrary to this belief, children are seldom conscious of this economic significance as an index to security, unless they are in extreme want of necessities. To the average child, security implies a home where harmony prevails. The tragedy is that parents too frequently give their children little or no credit for understanding of domestic scenes or for intuition when things are not right.

Johnny Foster at the age of 10 years developed a fear of dogs. He had had a fox terrier, which, some three months previous to his visit to the clinic, was run down by an automobile. At first, the boy did not seem unduly disturbed over the fatal accident, but for the past three weeks he had been acting "nervous."

(Continued on page 1149)

Young Needs

A Christmas tree's bright bloom, a kiss,
A sudden grown-up word of praise—
These are the things of utter bliss
Remembered best from childhood days,
Since magic lies in every heart
And only waits for sweet belief;
Since love is such a vital part;
Since small defeats may bring such grief.

By VIRGINIA BRASIER

THE STORY of FOOD: II

From Cereals to Vegetables

By E. F. KOHMAN

WHEN man took to milling his cereals, principally wheat and rice, when he adopted the practice of crystallizing almost chemically pure sugar from the sap of cane and beets, discarding numerous other constituents, when he displaced animal fats, particularly butter, with refined vegetable oils, he raised havoc with the chemical balance in his diet. The world produces 35 million tons of sugar, 7 million of which are destined for the United States. The average per capita per annum consumption of sugar in the United States is slightly over 100 pounds, while of flour it is only slightly less than a barrel. The diet of many persons now consists of from 70 to 90 per cent of such foods. In a few generations, a more radical chemical change has occurred in our dietary than would be involved in the adapting of marine life to terrestrial habitation. The effect on health was and is worldwide.

Progress cannot retrace itself. Sugar, refined cereals and vegetable oils have convincingly demonstrated their advantage from the standpoint of palatability, culinary adaptability, economy, convenience and esthetic appeal. Problems that they entailed had to be solved. From a chemical standpoint, succulent vegetables play an important nutritional role in correcting the conditions resulting from the refining of our foods. Fortunately, modern knowledge of nutrition was developing concurrently with the need for a corrective diet, and, but for this new information, what might have taken centuries for the human race to learn, was accomplished in a generation or two. While the value of vegetables was beginning to be appreciated before the word vitamin was coined, or before the principle it embodies was fully realized or before such mineral elements as copper, zinc, manganese and cobalt were regarded as essential in minute quantities, these discoveries were a decided impetus to a movement already well under way. But even had our knowledge of nutrition remained as black as that of the dark ages, a greater consumption of succulent vegetables was as sure to follow the refinement of many of our foods as night follows day. The decidedly beneficial accomplishment of this corrective change of our dietary habits is attested to in every college and university by the greater stature of boys and girls recorded today as compared with previous generations.

A proper share in these achievements must be accredited to milk and other dairy products. But the full dietary value of vegetables is generally not appreciated. More emphasis, resulting from other considerations than dietary values, has been given to fruits. Several of our most common and widely distributed fruits are grown, and their use promoted, by organized interests. Moreover, fruits undoubtedly have flavor advantages for many persons, and people are not guided by nutritive value alone. But as our knowledge regarding nutritive value becomes more general, as the medical profession develops a more definite correlation between

diet and health, we may look for a greater proportion of vegetables in the diet. This is a thought given too little attention in many agricultural programs. We may look forward to less emphasis being placed on the dropping birth rate, as our average life span approaches the Biblical three score years and ten; it may even actually surpass it.

Fully aware that comparisons may be odious, that while figures do not lie, liars are accused of figuring, I have taken fifteen of our most popular vegetables: asparagus, beans (lima), beans (snap), cabbage, carrots, celery, sweet corn, lettuce, okra, onion, peas, peppers, potatoes, tomatoes and turnips and averaged their percentage content of calcium, magnesium, potassium, sodium, phosphorus, chlorine, sulfur, iron, protein, fat, carbohydrate and calories. I have then compared them with the same figures for fifteen of the most popular fruits: apples, apricots, bananas, blackberries, cantaloups, cherries, cranberries, grapefruit, grapes, lemons, oranges, peaches, pears, pineapples and plums (including prunes before drying). Before giving the results of such a comparison, it may be explained that while the tomato is a fruit botanically, it is classed among the vegetables culinarily. Strawberries are not in the list, because the only analysis available was with their seeds which are not digestible and therefore should not be rated in their food value. If any one wishes to choose a somewhat different list he may go to the same sources from which these were taken, namely the U. S. Department of Agriculture Bulletin No. 291, Mary Swartz Rose's "Laboratory Handbook for Dietitians" and H. C. Sherman's "Chemistry of Food and Nutrition." Another list would give substantially the same result.

And now for the results of these two lists. Compared with the fifteen fruits, the fifteen vegetables are 2.1 times as rich in calcium, 2.1 times as rich in magnesium, 1.6 times as rich in potassium, 2.2 times as rich in sodium, 3.1 times as rich in phosphorus, 2 times as rich in chlorine, 4 times as rich in sulfur, 1.7 times as rich in iron, 3 times as rich in protein, equal in fat, 0.7 times as rich in carbohydrate and 0.9 times as high in calories. The lower values for carbohydrate and calories are due to the high sugar content of fruits. Sugar and calories are advisedly avoided by sedentary persons. While it is not possible to put a numerical rating of vitamins in as definite a form, it is probable that these vegetables would rate several times as rich in vitamin A, fully equal in all the other vitamins and superior in most. Vitamins are the products of plant cell synthesis, and succulent vegetables represent rapidly growing plant tissue; whereas, fruits are more in the nature of plant storage material. Our adoption of more vegetables for their mineral and vitamin content to replace that lost in milling our cereals and refining of other foods is therefore entirely logical.

Modern Dietaries

Today there is a new dietary development occurring. While soup prepared in the family kitchen with substantial quantities of vegetables is not a new dish, probably of German or Russian origin, in recent years the commercial production of soup has doubled, trebled and quadrupled. Today it is an industry of such magnitude, furnishing livelihood to such numbers of employees, requiring such quantities of materials collected from every corner of our land, that it has been depicted in *Fortune*, *Printers' Ink* and numerous trade papers. Concomitant with this development there have appeared the various fruit juices; tomato, grapefruit, pineapple, grape, apple and others as soon as technology can make them with consumer appeal.

There were produced last year 31 million cases of various fruit juices combined, six 20 ounce cans for each individual in these United States. If this seems a small quantity for an entire year, compare it with the single orange at Christmas time, with which many of us had to be content in our youth. No statistics are available on the amount of soups canned. Do these new products made so readily available to us merely represent industrial ingenuity? To this the answer is undoubtedly "No." Commercial production of soup has probably stimulated soup making in the home kitchen on numerous occasions. Fruit juices are filling the long-felt need of something with more substantial nutritional merits than the many formulated soft drinks. Their commercial development has stimulated their production in the home.

These dietary innovations serve our needs in two ways, nutritionally and psychologically. A soup containing literally more than a dozen vegetables must of necessity be collected from far and wide. It represents the products of the soil of vast areas. In the parlance of the chemist, it may be regarded as a composite sample of the products of our soil in nation-wide extent. That is tantamount to its containing all the elements of the soil of our land that enter into vegetable foods. It is equivalent to a guarantee against missing a single one of our numerous inorganic requirements.

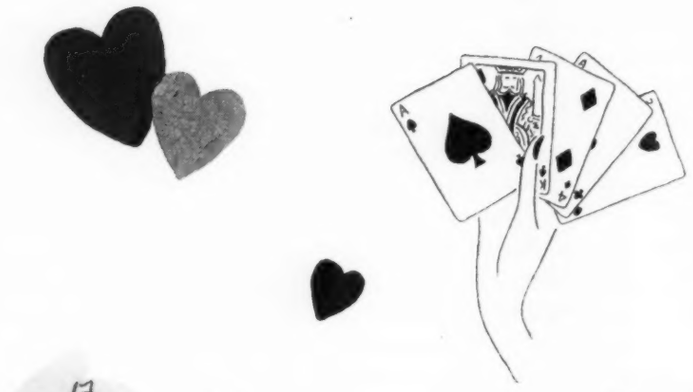
Every development to facilitate distribution of seasonal perishable foodstuffs serves to level off the enormous variation in composition of similar products grown in different regions. In my own experimental surveys, a number of varieties of a certain vegetable had four times as much calcium when grown in one region as the same varieties grown in another section of the country. When grown in the latter region, three fourths of the calcium was replaced by such minerals as magnesium or potassium. This is probably an effect of the composition of the soil. On the other hand, climate has much to do in determining the effect of the soil. A soil that produces sugar cane poorly in one region of the Hawaiian Islands becomes a good productive soil when transported to another region of the Islands where a different climate prevails. This effect of climate is not limited to the inorganic or mineral constituents of foodstuffs. The same lot of seed wheat on Maryland soil in Kansas produced a wheat with over 6 per cent more protein than on Maryland soil in Maryland. When grown on Kansas soil in Kansas it contained nearly 8 per cent more protein than on Kansas soil in Maryland. No doubt other organic constituents are similarly affected.

There are many organic dietary essentials, among which are the vitamins. Many of these are involved in such minute amounts that analytic methods employed by the chemist are not adequate to appraise them. Our only practical course is to arrange our dietary habits to safeguard our requirements. The wide variety of soups and the several fruit juices, among which tomato juice has found the greatest usage, are indeed nutritional assets.

Nutrition is not accomplished, however, by the mere intake of those elements necessary to serve our body needs. Our food must be digested, absorbed and assimilated. This is where the digestive secretions, controlled and regulated by hormones and endocrines, become involved. A large portion of our population has become sedentary, mentally occupied to an intense degree. Hunger, the natural craving for food that arouses the endocrines to secrete hormones which stimulate the healthy flow of the digestive secretions, is not in evidence under such circumstances. The art of cooking has kept apace of progress in other fields. Foods are more temptingly prepared than ever before. The appeal in what "Mother used to cook" is largely a memory of the appetite we used to have. Kenneth Roberts, writing in the *Saturday Evening Post* on "Down East Ambrosia," his term for his grandmother's cooking, denies this in the case of his grandmother. But isn't his arguing the point in behalf of his grandmother a tacit admission of the point as a fundamental principle?

To reproduce this appetite, to start the flow of the digestive secretions, is the psychologic role played by a tempting bowl of soup or an appetizing glass of tomato or other fruit juice. "Soup's on" as an announcement to a healthful meal has more profound implications than its origin in the comic strip might indicate.

[Conclusion]



HAVE A HEART—TAKE A HAND!

FEBRUARY 14, St. Valentine's Day, has traditionally been a day devoted to thoughts of others. In this respect, 1939 was no exception. From one end of the country to the other—in rural hamlets as well as teeming cities—card players and bridge lovers everywhere played cards for the benefit of the underprivileged children of their communities.

Organized by the American Contract Bridge League, whose executive secretary, William E. McKenney, conceived the idea of an All-American card party as an annual function for the League's Sunshine Committee, the theme "Have a Heart—Take a Hand" was spread the length and breadth of the land. The newspapers, which were its local sponsors, cooperated fully.

Unique in this great charity work, through which it is hoped that card players each year will utilize their game for those less privileged, were the specifications for sponsor participation: All the money raised must be spent in the community where the party was held, all on the community's kiddies. No money was to be impounded in a general national fund. Not one cent that the card players raised was to be spent on a national headquarters overhead or organization expense. The children got it all.

Units and members of the American Contract Bridge League all over America, other bridge players, social clubs, poker players—and even hearts, rummy and pinochle fans—all went to work, to play for the cause. The idea

was to get people to attend one of the big community parties or give one in their own home; in any case, "take a hand" as the slogan put it.

People wrote to the Sunshine Committee months later telling in glowing terms what they were able to accomplish with their community card party this first year and of the enthusiasm that rewarded their efforts. The first year was, of course, one of intelligent experimentation. Although in terms of thousands of dollars raised, the results were not gigantic, there was the gratifying sense of having built a sound basis for yearly renewal of this event. And added to that, tidy sums ranging from hundreds up to several thousands of dollars were raised in most cooperating areas.

Up in Glasgow, Nova Scotia, the Victorian Order of Nurses raised money for the children's work of their hospital. Down in Selma, Ala., the Charity League found that it was "in the cards" for their poor children to have a happier outlook. Magnolia, Ark.—Grand Forks, N. D.—every state in the union and Canada, too, heeded the plea and "had a heart."

It is interesting to see what a community thinks of when it turns to help its underprivileged children. The Washington, D. C., *Post* raised several thousand dollars to provide a blood donor service in the Children's Hospital at the nation's capital. New York bridge players will furnish the entire children's section of the new Memorial Hospital, the world's largest hospital for the treatment of tumor and cancer. Pittsburgh put its proceeds into oxygen tent service for youngsters who normally could not afford it. Cleveland ran a city-wide party in twelve of its Board of Education buildings and divided the proceeds between the school children's milk fund and the children's vacation fund of the Cleveland *Press*. Waynesboro, Va., bought milk for school children. St. Louis divided its income among six child charities. Billings, Mont., found great need for funds in its orthopedic work in the hospital school there.

In Virginia, the American Legion units alone held a score of parties. The Forty and Eight organization which heads up child welfare work for the Legion did an excellent job in providing for crippled children with their proceeds.

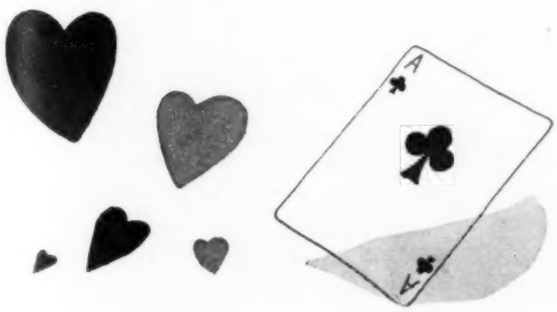
The experiment was a noble one, and one that worked! Already the League has received requests for information on how to arrange for parties next year in those towns where the good word has spread, telling what was accomplished this year by the country's card players.

The newspapers proved their force for the good of their people by making the realization of a dream possible. They printed and distributed the heart-shaped tickets and turned the funds over to the local charity when the job was done. They donated their space, time and money to assure the successful inception of such a worthwhile plan. It is through the newspapers that the continued success of the function will spread and grow. Publishers proclaimed the merit of the idea in their editorials, cartoonists featured it in drawings, editors reported the parties, and every one sold tickets.

The units of the American Contract Bridge League, chapters of the official body of bridge in America, undertook the job of organizing the parties in the various metropolitan centers. They arranged large public affairs in auditoriums, schools and hotels. They put on bridge benefits. They got every one to give a party and charge each guest $1 to play, and the kiddies got all of the dollar. Money for expenses was donated.

Mr. McKenney's unselfish idea is a dream come true. For, having been an underprivileged child himself, he wanted to be able to show his appreciation of what doctors and hospitals had done for him as a crippled youngster. This great will to help others has become a working plan, a means for every one who enjoys cards to help in the American way—having fun so other people can have more fun.

The idea is practical, because it hits the problem at the source. People like to see where their money goes, and no one can judge a community's need like the people in that community. America's Card Party has arrived. "Have a Heart—Take a Hand!" in 1940.



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alfwideman

YEARS' EXPERIENCE

MELVINA always had a Terrible Time with her Health. Any time she wasn't going to the Doctor's office she was on the way Home from it, and in between times she Telephoned him about her Aches and Pains. Also she asked advice about her Health from everybody that she could get to Listen to her. At the same Time, Melvina Kept her Appetite and maintained her Weight, to say the Least; and while she wasn't Able to do much Work, she could always go Out and have a Good Time. Melvina had had Every doctor in Town, and didn't think much of Any of them. She had Seen a couple of Specialists in the nearest Big city. Also, she had consulted all the Osteos, Chiros, Napras, drugless Healers and diet Faddists she could find. Besides all that, she wrote Letters about her Health and had a Lot of Literature on the Table in her Room. Of course, she got all Balled up in her ideas, but she didn't Know that, so she was Happy. And her Frail health stood up under it.

Melvina had more Confidence in her friend Mathilda Meddle than in anybody Else. Mathilda was a Nurse. That is, forty Years ago she had used to Help around with new babies and carry chicken Broth to sick neighbors. And Once she went to some Lectures on nursing that were given by an Expert who came to the Hotel for two weeks and gave a Free lecture the first Day and then sold the Rest of the Course for Twenty five Smackers. Mathilda was one of the Best of the Suckers. What Mathilda learned then was the Last she ever Learned, and she forgot Plenty. So Naturally, she was a Nurse, and Knew a Great deal. She wasn't afraid to tell what she Knew. Melvina and Mathilda were great Friends, and Melvina thought Mathilda was wonderful.

For more Years than Melvina would have Admitted, she Enjoyed poor health. And Mathilda helped her. Once when Melvina had severe Pains in her face, she went to a Doctor, and he gave her a Prescription. She didn't have Time to take it to the Drug store right away, and while she was at Home, Mathilda came in and saw it Lying on the Table. She picked it up and Grunted and laid it back Again. Melvina wanted to know what she Meant by Grunting, and Mathilda said she didn't mean Anything. But Melvina was not Satisfied, so Mathilda soon told Her that she was Surprised at the doctor giving her a Prescription that contained Harmful drugs. Right away Melvina got the Jitters, and she was Scared and telephoned the Doctor and told him all about what Mathilda said, only she didn't say Who said it.

The Doctor told her that there was a lot of difference between taking a Drug when it was ordered after a careful Examination and buying the same drug at a Drug store and using it without Knowing whether it was the Right drug to use or how Much to take or how Often, or maybe buying some Patent medicine with a fancy Name and using a dangerous Drug without even Knowing it. He wanted to Say that somebody was horning in where they had no Business; but he'd had Experience, and he was used to other People knowing more than he did about his Profession, so he Kept still about That.

Melvina Listened to the Doctor and said she Guessed he was Right all Right, and she was Sorry she had bothered him Again. Then she took another Look at the Prescription, and she Figured out the name of One of the drugs the best she could, and then she went to the public Library and got an Encyclopedia and Looked it up. Whereupon, she had a Fine attack of Heebie-jeebies. So Melvina went Home and tore up the Prescription and stopped at the Drug store on the way and Bought herself a little box of No-Ake Tablets. Directions on the back said to take as Many as Necessary to

This is more Truth than Fable,
***says* W. W. BAUER**

relieve pain and to Save money by buying the Family size package—three times as much for 50 cents as the Quarter package. Also, it had a notice in very Fine type, printed on the Box, saying that it contained the Same drug Melvina's doctor had ordered, only twice as much per Dose. Melvina didn't Read that.

When she told Mathilda about it, Mathilda said that was the Right thing to do. She had forty Years of Experience, and she guessed she Knew a dangerous drug when she Saw the name of it. And as Far as Melvina's Newralgy was concerned, there wasn't any Sense going to a Doctor about it anyway. Doctors didn't know Nothing about Newralgy. Mathilda knew. Mathilda killed a chicken, and Split it open and Drew it, and then plastered it Warm on Melvina's cheek where the Pain was. It made Melvina sick to Think about it. She was so Sick that she forgot about the Pain, and Mathilda said See I told you So.

Of course Melvina's health was her Own business, and if she Wanted to do Crazy things, that was her Privilege. She kept on Depending on Mathilda's advice for a long Time, but she always went to a doctor every Time a new doctor Came to town, and she Bought this and that from the Advertisements in *Romance and Passion,* which she Read every week as Quick as it came Out. Mathilda always said that it didn't Hurt to try Things out, because maybe Some time they would Find something Real good; a Person never could Tell without trying.

One Day Melvina got a Telegram saying her Sister Mary had died, and there was Nobody to take care of the New baby, and Tom, Mary's husband, was out of Work. Would Melvina take the Baby until they could see what to do about Everything? Melvina and her husband had Always wanted a Baby, so they wired right back that they would, and that Night Melvina and Ed started out in the Car to get the Baby.

He was a Grand baby. Melvina was Crazy about him. She held him most of the Time, and when she laid him Down and he Started to scream, she Dashed back to pick him up Again. Ed told her he Heard that babies were not supposed to be Picked up, but Melvina gave him a dirty Look and said what did Men know about Babies. Ed ducked his Head back into his evening Paper. Ed had lived Through a lot of Experience with Melvina. When Mathilda came over, she Said Melvina was right. In all her Forty years' Experience she never did take any Stock in these new-fashioned Fandangles. It stood to Reason that when a Baby screamed you picked him Up and Bounced Him. Always had been Done that Way. Land Sakes!

What to feed the Baby was the first Question, but that was Easy for Mathilda. She mixed it Up quick as a wink, and he liked it too. Mathilda tasted it to see if it was Sweet enough. She said it was no Use trying to Make a baby take the Tasteless stuff they fed 'em nowadays. She put the Nipple in her mouth and wiped it on her Hand before she gave it to the Baby. Many a Baby she had fed in her Forty years. Yes, sir, More babies had Died in her Arms than Ed ever saw, she guessed!

Melvina was an Easy mark. All it took to put something Over on her was a good Line, and Mathilda had That. So right off the Bat, Mathilda was Telling Melvina all about How to feed the Baby and Care for him. Mathilda wanted it clearly Understood that she didn't Fall for this newfangled Stuff. Science? Boloney! She had fed Babies before there was any science. All this Tripe about not feeding 'em between Meals was that much Hooey. She fed a Baby when it Cried. And what was More, she walked the Floor with it when it Cried, too, until she got too Tired, and then she gave it a dose of Paregoric. Always had done Things that way. What did Doctors know about Baby feeding? It took a Woman to feed a Baby. What did Men know about babies anyway, even if they had gone to Medical school?

It was a good Strong baby, with a lot of Resistance. For a couple of weeks, even Mathilda couldn't seem to do the Baby any Harm, though she did enough Fool things to Kill almost any child. She Fed him every time he opened his Mouth. She hooted at the Idea of boiling bottles and Nipples. She kissed him on the Mouth if she felt like it. She had a grand Time. But even the huskiest Baby has its Limits. Finally this one gave up the Unequal struggle and got good and Sick. Mathilda wasn't worried. She came in, looked him Over and started out for the Drug store. When she came Back, the Door was locked, and she could hear Melvina crying.

Mathilda knocked and rang the Bell; she waited. Then she Rang and Knocked and Yoo-hoed through the Window. At last Ed stuck his head Out of the window and Told her to go on Home and quit Meddling with other People's babies, and if he Ever caught her Around there again, he'd forget she was a Lady and he was a Gentleman. Also he said they were Waiting for the doctor to Come, and Mathilda and her Monkey business were all Washed up.

He was usually such a Mild man, too.

MORAL: *Fools rush in where Doctors watch their Step.*

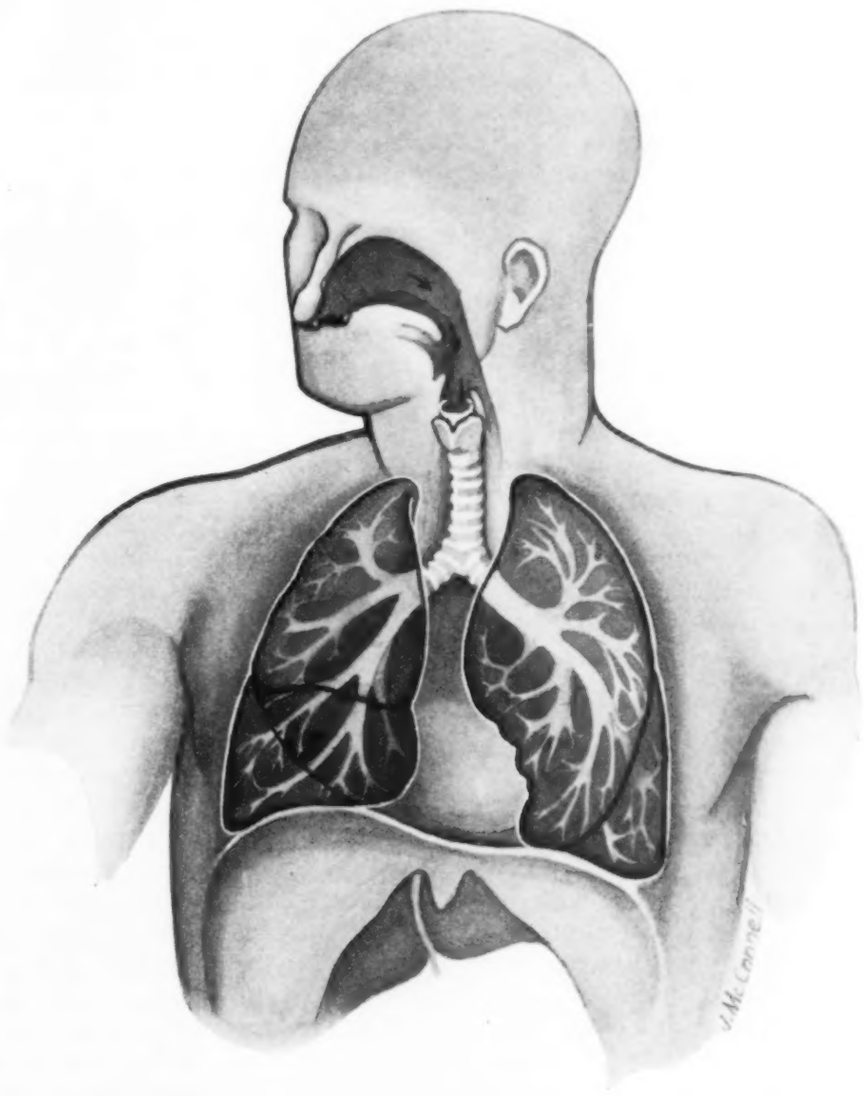
GEORGE A. SKINNER

Considers the comparison between the "breather pipe" of the automobile and the respiratory system of the human being in the third article of his series on

Wonder Stories of the Human Machine

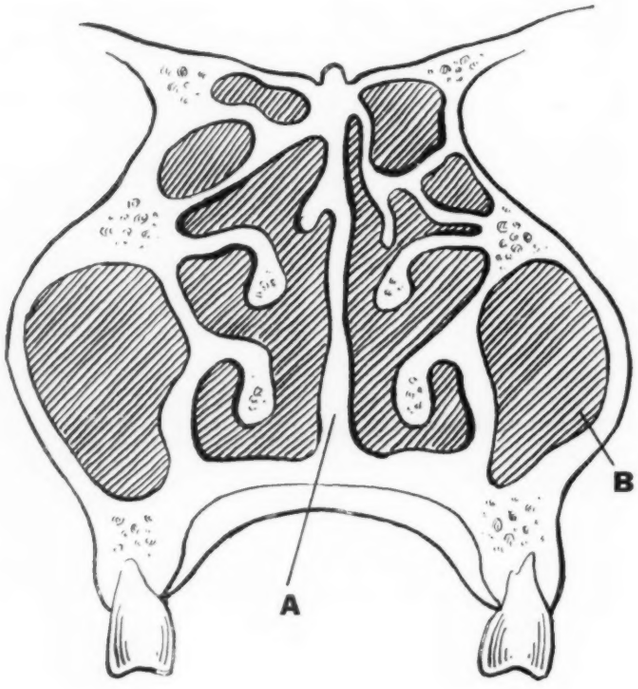
SOME PARTS of the automobile many of us know almost as little about as we do about our human machine. The parts that we can see and that are frequently called to our attention, such as the wheels, tires, headlights, body, gas tank, steering wheel and usually the speedometer, we are familiar with. When the parts lie under the hood some of us look at them occasionally and can call them by name; but a lot more of us just look and wonder what they are. When they are located in the crank or gear cases, we simply pass them up entirely and take a chance that they will continue to perform when we use the car. Often we are fully as much in the dark concerning what goes on in the ordinary operations of the human machine; but if we were to investigate occasionally we would find that in smoothness of operation, freedom from road troubles, beauty of mechanism and ease of upkeep, the human machine far outshines even the most brilliant of the latest model cars. It is the most wonderful of all the wonderful machines of our planet.

We know that the human body has a breathing system, but we rarely think of one in connection with the automobile. Yet a little research will reveal such a system, without which satisfactory operation would not be possible. The breather pipe is usually located at one side of the crank case and is often used as an oil inlet for the moving parts of this important portion of car anatomy. Air must pass freely into and out of the crank case to equalize the pressure. For real oil trouble one has only to cork up the breather pipe, when oil will commence to push out through every bearing in the motor. The breather pipe equalizes the pressure in the crank case, carries off the excess of moisture and to some extent prevents overheating the oil. The breather system is important in the auto but absolutely essential in the human machine. It is, however, so automatic and unobtrusive that we are usually entirely

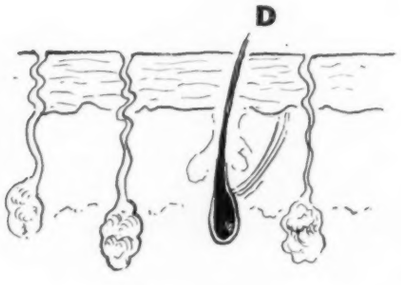


The respiratory system is shown in simplified form, with arrows indicating the course of the air as it travels down to the lungs.

RESPIRATORY SYSTEM and THERMOSTATIC CONTROL



The marvelous air conditioner of the human body is located in the cavities of the head, connected with the nose. This view shows (A) the nasal septum, the bone that shapes the nose and divides it in two, and (B) the frontal sinus, where the air is warmed and moistened. Viewed from behind. The olfactory nerve (C), showing the tiny hairs of the nose at one end and the bulb near the other, transmits odors to the brain.



At left, a diagrammatic cross-section of the skin which shows the relative positions of the origin of a hair (D) and the sweat glands; by excreting perspiration when the body becomes heated, these glands maintain a constant body temperature.

unconscious of its constant and vitally necessary services. Sometimes when we have been careless and catch cold, we become acutely aware of a breathing mechanism, because it becomes partly stopped up and difficult to use.

While the breather pipe of the auto is a simple tube connected with a cavity, that of the human machine is not so simple, although it serves mechanically the same purpose. At the beginning of the system, there is a large tube connecting with a cavity; but to understand how it works and since it has a vital as well as a mechanical function to perform before it becomes more than the simple tube, a little examination of the structure will be profitable.

The breather system of the human machine starts at the nose, for there is yet another difference from the auto that requires a somewhat more elaborate preparation for the proper use of the air. In the auto there is an apparatus which helps control the heat of the engine, because if it gets too hot, bearings may melt or pistons and cylinders expand so that the parts cannot move. They are then said to "freeze." If the engine is too cold, it either refuses to function at all or does so at a very wasteful

and inefficient rate. In the auto, the radiator and breather pipe largely control most of the heat; they are sometimes aided by a thermostat, and minor losses occur by radiation from the engine. In the human machine, heat losses may occur from every part of its surface, and it may similarly absorb heat.

The heat of the human body is much more accurately maintained than in other machines and has a much narrower limit of heat range in which it can function at all. Therefore, heat control is most important. The human machine is expected to operate under a much greater range of external temperatures and much more severe conditions than we could possibly expect other machines to endure. It is able to do this because of a delicate thermostatic control of the internal temperature of the machine and because of artificial protection to severe changes through the agency of clothing. The air for the breather pipes may vary from far below zero to much above 100 F., a range of temperature conservatively estimated at 200 F. in extreme variations. In ordinary climates with relatively severe changes between hot and cold weather, 140 F. is no uncommon range through which this mechanism must operate. Such air must also be maintained at a relatively constant content of moisture or the mechanism fails to function properly.

It is therefore a much more complicated problem to meet these conditions than it is to supply air to the car. Most of these difficult conditions are met right at the air intake of our respiratory system, as the marvelous air conditioner is located in the cavities of the head, connected with the nose. Here is everything that our most advanced ventilating engineers are trying to copy and put into practice for the modern office and home.

The air is taken from wherever we happen to be; it is warmed and filtered; then moisture is added, and it passes on through the voice box (larynx) into the largest tube of the system, which we call the windpipe or trachea. This large pipe is kept from collapsing, due to pressure of other parts, by a number of cartilage rings, much like the metal tubes we see used for conduits for electric wiring. The main air tube soon divides into two tubes of about equal size, and these go to opposite sides of the body. Then begins a series of divisions and subdivisions until there is a large number of branches, much like the branching of a tree, if it were upside down. The ends of the finest tubes expand so that each terminal looks like a tiny bunch of grapes. It is in these small expansions that the most important part of respiration takes place, for here the used gases are extracted from the blood, and fresh oxygen is substituted to keep the fires burning that maintain the vital processes. All engines depend on heat for their action, and the human machine is no exception to the rule. The waste gases of the blood, mostly carbon dioxide pass out with the air leaving the body. Exhalation also expels a fair amount of moisture each time, as may be observed on a cold day when the breath is frosty.

There is another remarkable structure in the nose besides the warming material of this perfect air conditioner. The little hairs that we can see in the nose do much to remove dust and keep other foreign matter from entering the respiratory system, unless we become careless and breathe through the mouth. The air filters on all modern automobiles perform a similar function by removing much of the road dust that tends to increase wear on the cylinders, and this material does the same thing in our lungs. Lining the nasal cavities is a pink membrane, and this mucous membrane furnishes the moisture needed to supply water to the ingoing air. It also secretes a sticky substance commonly called mucus, which captures much of the dust always suspended in the air we breathe. But in addition to that the mucus is pierced with millions of tiny hairlike structures called cilia, and these cilia almost seem endowed with intelligence. If we watch them at work, as can be done experimentally, we will see that they are constantly sweeping out foreign materials, and as long as they are active, germs have little chance of making a successful landing. These particles of dust are collected and pass out with the nasal mucus, a most important protection against such materials reaching the lungs. If dust is excessive, as it is in certain trades, such as coal mining and flour and cement manufacture, some of this mineral or organic dust will get by these health guardians, and serious lung trouble is likely to follow, if the work is continued for a long time. But even under such exaggerated conditions as these, it is astonishing how much of the foreign material is expelled by these active little hairs. If, however, the body temperature begins to go down, as after prolonged exposure to cold, the motion of the cilia begins to slow down; and if the body temperature falls as much as 2 degrees, the motion may stop entirely. Hence, there is then an opportunity for the millions of germs that always inhabit our upper air passages to find a camping place and start working. Sometimes we catch cold, or occasionally pneumonia follows such exposure. Prolonged

cooling in swimming tanks and ocean beaches often results in severe infections for the same reason. This is particularly likely to be the case if the body is in poor condition from overwork, lack of food or overindulgence in alcohol.

From this we can see that not only is the breathing mechanism of greatest importance to the body, but the measure of heat control, or as we say when heating the house or automobile, the thermostat, is absolutely necessary. With such delicate balance as must be maintained to keep the human machine in condition, the mechanism that performs this feat is worthy of examination. We must remember that the heat is controlled at both its extremities—high and low.

Failure of heat regulation of the body produces more trouble than we used to think. Every one is familiar with such rather common conditions as sun or heat stroke, where under differing conditions body heat cannot escape fast enough, and the body becomes so overheated that the condition of "freezing" spoken of in automobiles follows in the human machine. That is, the machine ceases almost entirely to function, due to overheating of the parts. In addition, there are less violent conditions, discomfort to a certain degree, that we formerly attributed to "carbonic acid gas" when too many persons were in a room and there was an insufficient circulation of air. Such rooms do get to smelling rather "close," and it was to this that we attributed our discomfort. But later investigations have demonstrated that most of our feelings of oppression and stuffiness will disappear if a fan is started and the same air we have been using, which seems to be exhausted of all oxygen and heavy with carbon dioxide, is circulated so that the moving air will remove the heat. Air in motion absorbs the heat much more rapidly than when at rest; hence the return of comfort to some extent. No one advocates a close, stuffy room, but it is interesting to know that no harm will come just from the presence of carbon dioxide or odors that make it seem close. It is therefore just as important to get rid of the surplus heat as it is to prevent heat losses and too great cooling.

Heat may escape from the body in a number of ways, as we have seen that it may escape from the auto. We lose heat with each exhalation and with the body excretions. But the organ of greatest heat loss (we might call it the radiator) is the skin, for it is through this covering that almost all heat loss occurs.

Throughout every portion of the skin are found millions of tiny glands. When the body heat gets too great, the blood rushes out to the surface of the body, and the glands excrete water and a little fatty material, and this water carries off a large amount of heat. Reaching the surface of the body, the sweat commences to evaporate, and the same principle on which our refrigeration of large warehouses or on which ice making depends—rapid evaporation—we depend for our cooling system. The amount of water thrown out is in direct proportion to the amount of heat to be eliminated. The blood vessels near the surface enlarge, and an increased volume of blood is exposed to the cooling influence of the skin, so that the body temperature is maintained almost at a constant level. One may not realize that this sweat is carrying off heat; but if proof is desired, all that is necessary is to expose a perspiring surface of the body to a breeze, and the cold will at once be apparent. This unusual heat loss is felt most when one keeps on sweaty clothing and faces a wind. Such a procedure is dangerous at times and should be avoided if possible.

When enough heat has been eliminated so that the body temperature will not go above its normal (98.6 F.) the perspiration stops, the blood vessels again contract to normal size, and the body routine is resumed. If on the other hand heat losses are too rapid, another equally wonderful process is started. Instead of the blood vessels dilating and the skin becoming full of blood, the vessels contract, the skin tightens up, and the blood is driven into the deeper parts of the body where it cannot lose heat so rapidly. If cold does not come too rapidly, the body will tolerate a prolonged and severe chilling without damage. This is particularly so where people are used to the cold. This means that the body mechanism is sensitive or "conditioned" to sudden changes of temperature and that the thermostat works quickly and surely, protecting the body from sudden heat losses. Such heat losses may be largely counteracted by active exercise, until the body forces are exhausted. Exercise produces rapid circulation of the blood, which increases oxidation of the food or body materials and produces heat; just as we increase the heat of our automobile engines by stepping on the throttle and burning more gas.

The breather system and the thermostat are carefully coordinated in this heat control. Since oxygen is the principal factor in combustion, and since oxygen is available to the body only by breathing, if more oxygen is needed, breathing increases both in speed and depth, and the blood circulates faster so that the oxygen is supplied in larger amounts than ordinarily. When the body is at *(Continued on page 1150)*

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HIGHEST HONORS

By S. R. Winters

Miss Stella Mathews

Miss Cecelia E. Walsh

TWO American-born women this year were awarded the highest honors which can be bestowed on members of the nursing profession for distinguished service to humanity. Miss Stella Mathews, director of the Honolulu Nursing Bureau until her recent retirement, was the recipient of the Florence Nightingale Medal for 1939. Miss Cecelia E. Walsh of Providence, R. I., was awarded a scholarship to the Florence Nightingale Foundation in London. This scholarship is given yearly by the American Red Cross as a memorial to the late Clara Dutton Noyes.

Modesty characterizes Miss Mathews, whose accomplishments in Red Cross Nursing have won her acclaim from Poland and the shores of sunny Greece to the languorous beauty of Hawaii.

Miss Mathews said when presented with the medal, "I feel that my outlook on life and my sense of values have been molded by the Red Cross and that my own gains in this service outweigh anything I have given." Miss Mathews has worked tirelessly and efficiently for the welfare of others and in the interests of the health of underprivileged people throughout her long life of service. Miss Mathews is a somewhat stately woman of about average height. Her hair is almost completely white. Kindliness, intelligence and humor are plainly portrayed in her expressive face.

Several hundred persons attended the ceremony in the garden of the Honolulu Academy of Arts on June 21, when the Florence Nightingale Medal was presented to Miss Mathews. Her service with the Red Cross began in 1920 when she was attached to the Red Cross Commission of Poland as head nurse of a typhus research hospital. She continued her Red Cross war work in Poland until 1922, when she went to Greece to care for the influx of refugees from Smyrna. In 1923 she left for Hawaii, where she has lived ever since. She was born in Albion, Ill., and graduated from the Knowlton School for Nurses.

Florence Nightingale Medals are awarded by the International Red Cross at Geneva every two years, the first one being presented in 1920. Twelve other American nurses have received these medals.

Two years ago in honor of Clara Dutton Noyes, who prior to her death had been the director of the American Red Cross Nursing Service, the Red Cross established a memorial to her by granting two one-year scholarships at the Florence Nightingale Foundation in London. Nurses who have already taken positions of leadership in their work are usually selected. One is chosen from the United States and one from some other nation. This is because of Miss Noyes' leadership in the international field of nursing. This year Miss Walsh of the United States and Sigridur Gudmunstotter of Reykjavik, Iceland, were selected.

Miss Walsh has been a nursing field representative for the Red Cross in New England since 1937 and took part in the nursing activities there following the recent hurricane. Her heroism, courage and efficiency brought her nation-wide attention and recognition in the nursing world.

The recipients of the scholarship are selected by the Florence Nightingale Nurses Association and the League of the Red Cross Societies in Paris. The awards are financed by the American Red Cross.

***The ability to lie down, relax and go to sleep at will is an accomplishment with which you can endow your child, as shown by* ALRENA L. WELSH**

TEACH

"MY DOCTOR says that I should have a nap every afternoon, since that siege with my nerves; but I just can't get to sleep during the day. I never could."

"What a pity! I can practically go to sleep standing in a corner."

Remarks like these speak the truth partly because the person making them feels that she is stating an absolute fact. In other words, nothing keeps one awake more surely than the certainty that one cannot sleep, and nothing induces sleep more quickly than the conviction that it can be commanded at will.

The person who is able to make up lost sleep or to take a nap after unusual exertion, either mental or physical, has far fewer days when he is irritable and hard to live with, than his less fortunate brethren. He has a wonderful advantage during recuperation from illness, slight or serious, and he experiences much satisfaction from the joyous feeling of being on top of the world because he is well rested.

The ability to lie down, relax and go to sleep at will is an accomplishment that you can give

YOUR CHILD to RELAX

to your child by patience and perseverance. To begin with, a youngster should never be sent to bed as a punishment. He should be taught to consider sleep a beneficent influence and a privilege. Tell him that his body grows tall and strong during slumber. Let him feel that the ability to get to sleep quickly is an accomplishment in which to take great pride.

When nap time comes, it is not enough to put the child to bed and say, "Now settle down, like a good boy." Show him what it is to relax. Tell him to pretend that he is a rag doll and has no bones in his body. Have him close his eyes and make himself perfectly limp. Then you lift each little leg and arm, one at a time, and let it drop back onto the bed. Tell him he must not move, after you have "relaxed" him. Pat the small cheeks, and tell him to make his face so soft that it will feel as though the flesh is dropping right off the bones. Stroke his forehead gently, and tell him to let his brains sag down so that his head feels like a big empty ball. He must let his tongue be like a little piece of dough and drop down against his teeth. Rub gently a bit, just under his knees. When a person is relaxing without special thought for it, the tongue and the muscles under the knee are the last to let go.

If you are not of the ultramodern school that disapproves of fairies, you might pretend to nestle a fairy in the soft curls so that it, too, could have a nap. Of course, a child who has a fairy sleeping in his curls must lie very still so as not to disturb it.

Make a game of getting settled quickly. Children love any kind of game, and if there are two little fellows to take a nap, it is fun to have a competition to see which can get to sleep first. Tell the youngster to take slow, deep breaths, pretending that he is already asleep.

It is well for you to sit beside him and read until he is really in the Land of Nod. If you wish to read aloud, choose poetry rather than fiction, because close attention to, and the possible excitement of, a story will tend to discourage sleep, while the measured rhythm of poetry, particularly if read in a drowsy, singsong manner, has a definitely soporific effect.

Even though you merely read to yourself, it is better to remain in the room. Your presence will at least discourage the idea of practicing head stands or climbing out of bed to explore the dresser drawers. Later on, when the lessons have been in progress for some time, you will perhaps have only to "relax" the child's little body for him, in the darkened room, and habit will do the rest. In the beginning, however, it is wiser to stay beside him.

You cannot be helpful to your little fellow, though, if you yourself are tense or rushed. Children reflect your mood so surely that to attempt to hurry them to sleep is worse than useless. Simply make up your mind to take the 10 or 20 minutes that may be required for this lesson, so valuable to your little lad, and then do a little relaxing on your own account, so that he may have the example of your low voice and quiet manner and gain confidence in his ability to control his own body.

These are not idle theories that I am attempting to urge on you. I have proved them out, four times over, to the great benefit of my children and to my own comfort and satisfaction. My college age daughter can come home exhausted on the day of a big dance, climb into bed with shades lowered and windows open and awaken, two hours later, dewy eyed and ready for a lark.

My three younger "stair-steps" know that if they are to be up late for a school entertainment or some other special occasion, they will feel better and have more fun if they sleep an hour or two before their evening meal. They have been brought up with the knowledge that sleep is of great importance both to good health and a sunny disposition, and so they take naps at such times, as a matter of course. Lately, I heard my son expound from the eminence of 10 years, "You see we kids can all go to sleep whenever we want to. Mother taught us how when we were little."

This teaching may sound like tedious effort, but when you count the number of your acquaintances who are harassed by their nerves, and when you consider the extent to which nervous and consequent mental disorders are increasing, you will be willing to endeavor to give your child a bulwark against them. There is no prevention or cure for "nerves" as good as relaxation and sound sleep.

INDIAN HOSPITAL

The new Navajo hospital at Fort Defiance, Arizona.

YOU come up to the Navajo hospital without expecting it. Fort Defiance, Arizona, where it is located, is built in a depression, and while it may be seen from afar, it disappears as you near it and comes to view again only when you are almost to it. Then, driving along the tree-shaded main street, you cannot miss the beautiful new hospital building. It seems so unusual in an Indian reservation, miles away from anywhere. Rather, you would expect to find it the pride of a city of considerable size.

What a marvel this Indian hospital is! Three stories high, with walls of native red sandstone, it was built at a cost of $450,000. It contains 140 beds, in wards and private rooms. Contagious diseases have a section to themselves. Everything is beautifully, immaculately clean.

This base hospital came into being, to a large degree, through the persistent support of the Navajo women, and they supported it largely because of its benefits to their babies. Indian women are famous as loving and gentle mothers.

Thirty per cent of Navajo deaths are of children under a year old. Pneumonia, diarrhea and other diseases are an ever present threat to the little ones, and while Indian women usually bear children annually, the average Navajo family numbers only five children.

When hospital facilities were first offered to these people, they were in connection with schools scattered over the reservation. The medicine men immediately scented competition and began a campaign of chants and ceremonies against doctors and nurses. But the women timidly yet determinedly took their sick children to the doctors and rejoiced as skilled treatment brought them back to health.

There are now ten of these smaller hospitals and three sanatoriums on the reservation. And that the Navojos as a people are convinced of the wisdom of at least some of the white men's ways was proved last year at the dedication of the new base hospital. There I saw a medicine man begging some pills from a doctor for his wife's headache!

There is another reason for the Navajo's slow acceptance of the hospital idea. When a person is extremely ill, the non-Christian Navajo tries to get the invalid outdoors before death; if he fails he abandons the hogan [their hut] as a place henceforth inhabited by tsindi [devils]. Nothing will tempt him, in most cases, to return to this place. The fear and reverence of this race for the dead is so great that they often refuse to enter cliff-dwellings abandoned many centuries ago and are induced only with difficulty to do any archaeologic excavating.

With this morbid aversion ingrained through countless generations, it is no wonder that the idea of hospitals (where men die and yet people go about their business as usual) is repugnant to many of them and had to be educated out of them over a long period of time. So success speaks for itself, when of a personnel of 34, the orderlies, the elevator operator and several of the nurses are Navajo. Two hundred and thirty-six Indians, working in nineteen different trades, were employed in the construction of the building, which was commenced on March 7, 1937, and dedicated on June 20, 1938.

The hospital and the town of Fort Defiance are located in a beautiful shaded place in the foothills, 31 miles from Gallup, N. Mex., and 6 miles from Window Rock, Ariz., the central agency. Beyond lies the great Navajo reservation, 16 million acres in extent, and in its center is the Hopi country, which, too, is served by this new hospital. Most of the reservation is in Arizona, as is the Hopi country.

Superseding superstition, this new haven has won the confidence and cooperation of the Indians in the reservation it serves, says

EDITHA L. WATSON

Mental troubles and nervous diseases are rare in this land where the natives take life as it comes. Scarlet fever, albinism [abnormally white skin], tumors, female diseases and the like are rare. Meningitis, diphtheria and measles are fairly frequent. Rheumatism and colds, usually due to exposure to the weather, are common. Pneumonia, consequently, is frequent, and tuberculosis, the dread malady which seems to lie in wait for hapless Indians, takes more lives than any other disease. "The incidence here," the medical director of the Navajo-Hopi reservation said, "is estimated as fourteen times greater than in the general population of the United States."

There is a great deal of trouble with trachoma [granular lids], especially among the Hopi, although total blindness is rare. The base hospital is a center for the treatment of this disease and will in time eliminate it, so that the next generation, in all likelihood, will have abandoned the gesture now so frequently seen on the reservation: rubbing the eyes.

This is not the first large Navajo hospital. The old Army hospital across the street, its frame construction now dwarfed by the spread of the new building, formerly served the southern Navajo. It has been converted into a tuberculosis sanatorium accommodating eighty-eight patients.

The new hospital is staffed by competent and understanding people, whose chief is W. W. Peter, M.D., medical director of the entire reservation. "Institutes" are to be held here annually in such courses as maternal care, pediatrics and syphilis. There is also to be an extensive program of research, which is certain to affect health conditions materially.

The Indian Bureau has appropriated $286,760 for the operation of the hospital, and the Indian tribal council has voted a revolving fund of $5,000 to be used in dental work, which insures the presence of a full-time dentist.

The hospital contains clinical, orthopedic, obstetric, pathologic, medical and surgical facilities second to none, according to the staff. It includes all of the modern scientific devices for overcoming disease.

Those patients requiring care that can be given only with this special equipment are sent here from all over the reservation; while the smaller local hospitals continue to treat minor cases. However, the Indians who live nearest to this hospital receive treatment here, whatever their needs may be. We stopped to watch a small boy with a broken finger that was being dressed. The youngster was so greatly impressed by the sight of the elevator, which is the first and only one on the reservation, that the pain in his finger was almost forgotten.

Of course, the maternity ward is one of the most important. The women realize to some extent that it was their earnest support which has culminated in the new Fort Defiance base hospital. It is largely due to their influence, too, that the Navajo people have learned to be such good patients, willing, cheerful and cooperative. So the women deserve all the splendid care and attention which they do receive here.

There is also a special room for children and extra kitchen provision. And among the other pleasant wonders of this abode of modern medicine is a room containing pasteurizing and other special equipment where 150 bottles of baby milk—a day's supply—can be prepared at one time.

Tall Chanter's wife was the proud mother of a new son when I saw her. She did not show

a trace of the suffering and dread which had been her experience five weeks before. Something had been wrong with Tall Chanter's wife, that she knew. There was a baby on the way, which made her wonder whether either she or it could possibly survive this agony which she was trying to endure. She had terrible convulsions.

Her mother and her husband wondered, too. When the convulsions persisted, they brought her to the base hospital, hoping that something could be done, yet fearing that even the white man's medicine could not prevail against this trouble.

The doctor gave Tall Chanter's wife one skilful glance. Then, after an examination, he said briefly, "we'll have to perform a cesarean section." Not long afterwards, a 4¾ pound premature baby was sleeping in the incubator, and Tall Chanter's wife was asleep, too, in the deep restful slumber that follows a successful operation.

After another week of treatment, she was ready to go back to her hogan with the baby, her struggle with death a thing of the fading past, for new health had filled her body.

How different all this is from the old days when childbirth was handled by the most primitive means! Then there were only the old women to assist, women who meant well but who were unclean and unlearned. When birth was difficult, one or more men embraced the woman's abdomen and endeavored to hasten the procedure by pressure. No wonder so many babies did not live!

"How do the men react to this imposing 'temple of cleanliness and health?'" I inquired. "I suppose they come in, acting either sullen or frightened."

"Neither one," replied the doctor, "in spite of the fact that the medicine men have continued to work against hospitals up to the very beginning of this one. The men have no dread of us or our treatments; they actually enjoy their stay here. See that man in the wheelchair? That's Tolbai. He has had a bad time of it."

Tolbai was laughing and talking with an orderly and looked extremely contented, in spite of the long weeks of pain he had just gone through. He was trampled by an excited horse that he was breaking, and his leg was badly fractured above the knee. Bone protruded through his flesh.

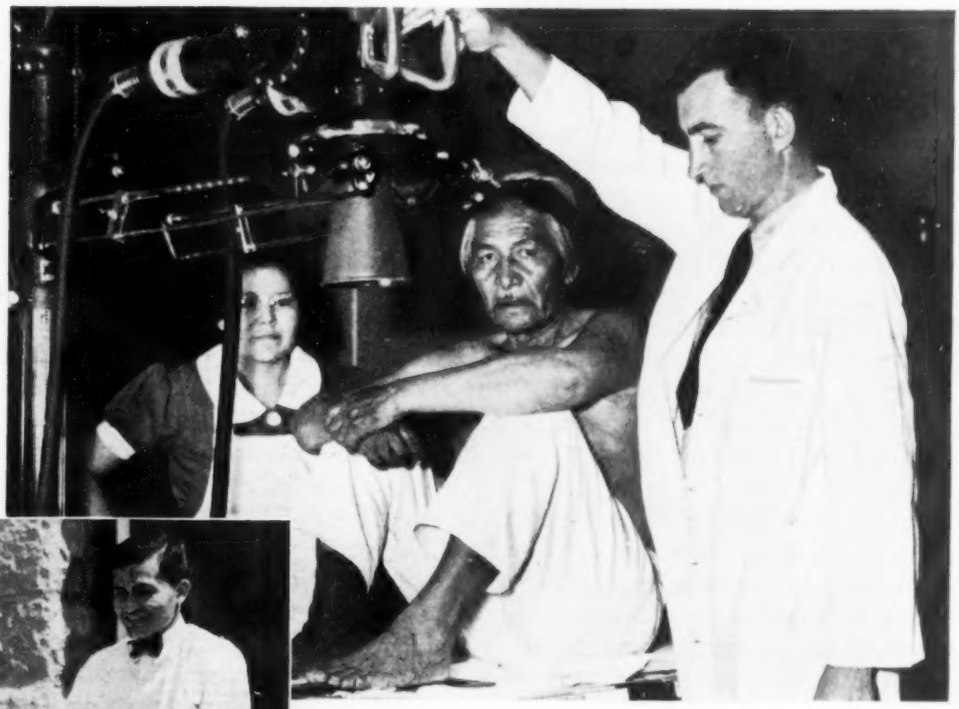
It had been a terrible experience, being brought in across the rocky, uneven country where part of the way there was not even a road for his jolting wagon. But when Tolbai arrived at the hospital, the broken pieces of bone were removed and the leg was set and the wound dressed. Later a cast was applied and a window left for treating the wound; then he began to feel better.

But the wound was not healing properly. Infection had set in, and the wound was draining. An x-ray picture showed that a fragment of bone was causing trouble. Eventually, it was necessary to operate and wire the bone to hold it together. After the fragment was removed, the fracture began to heal. Another cast was made and a window again left over the incision. And here sat Tolbai in a wheelchair, waiting for the time when he could go back to his horses, feeling as active as ever.

The Navajo hospital is one of the four finest of all Indian hospitals. *(Continued on page 1141)*

Dental work is part of the care this hospital is equipped to give the Indians, and this squaw is there to lend reassurance if it is needed.

Little Tom Brown has not yet learned the value of cleanliness. But his mother has, for the Navajo women were first to realize the great benefits derivable from this institution.



The tribesmen take the x-ray and other modern marvels now as a matter of course. The Indians as a people are independent, self supporting and glad of it!

Chee Dodge, Navajo chieftain, is escorted by two orderlies to supervise the medicine men at the opening ceremonies of the hospital. Now past 80 years of age, he was already a patient there at the time of its dedication.

The WEATHER and YOUR HEALTH

By W. A. Sommerfield

THE WEATHER

TUESDAY, SEPTEMBER 26, 1939.

(Central standard time.)

Sunrise, 5:42; sunset, 5:41. Moon sets 4:47 a. m. tomorrow. Mars, Jupiter, and Saturn are bright luminaries.

CHICAGO AND VICINITY: Unsettled and continued cool Tuesday, some likelihood o rain; moderate north to northeast wind generally fair and somewhat warr Wednesday.

ILLINOIS: Cloudy and unsettled, prob local rain; cooler Tuesday, much coo central and south; generally fair in mostly cloudy in south, slightly wa and north Wednesday.

TEMPERATURES IN CHICA ended 2 a. m. Se m. . . 60 5

THE term weather, although a single noun, is in reality an all inclusive word and usually needs further definition. Its effect on the well-being and comfort of human beings is a frequent topic of conversation, and yet we know so little about this vital process.

The atmosphere surrounding our globe is composed of many elements of gases and some combinations of these elements. In round numbers, air is composed of 1 part oxygen and 4 parts of nitrogen with about 4 parts per thousand of carbon dioxide. The other gases are rare and sometimes found only in traces, such as argon, helium, xenon, crypton, neon, sulfur dioxide, carbon monoxide and ozone.

This mixture of gases is subject to certain physical variations, which are the component factors of the atmosphere, and at any one period of time all these factors are termed the weather.

For a clearer understanding then of the weather and its effect on health and comfort, we must study its individual factors and combinations of factors.

Let us start with the most talked of physical component, the temperature. The heat derived from the sun causes daily fluctuations in the temperature so that a range from 110 degrees at noon to 32 degrees at night is not at all uncommon in temperate and tropical zones. The temperature for greatest physical comfort, however, is about 72 F. and for mental activity is 68 F. Man is able to withstand heat much better than cold, for we find in this region that the greatest death rates are recorded during the cold months or following a period when there has been zero or subzero weather. Cold temperatures favor congestion, or slowing down of the circulation in vital tissues of the body; whereas, high temperatures increase the circulation of blood through the skin and to the arms and legs.

Humidity, the second component of the atmosphere, is the water vapor which is present at all times in the air. When one is boiling a teakettle in the kitchen, the humidity rapidly increases, and the additional water in the air causes condensation against the cool window panes. Relative humidity is the ratio of water vapor, which the air holds at any given temperature, to the greatest amount (saturation) that it could possibly hold at that temperature. So when the relative humidity becomes 100 per cent, there is complete saturation. Nature produces this humidity whenever there is a dense fog.

When the humidity is high, we say the weather is "muggy." For then our perspiration does not easily evaporate from the skin, and we become uncomfortable. With a low humidity there is an increased evaporation of the moisture from the skin, and we experience a chilling sensation.

High humidities also favor bacterial growth and the spread of virus diseases, for bacteria need moisture to multiply. The small infected droplets which one sneezes or coughs out will be held in suspension in the air much longer when the weather is foggy or the humidity high. Hence we have an increased number of colds and epidemics of influenza during rainy and damp seasons.

The most comfortable zone of relative humidity is 65 per cent. At this humidity we feel neither chilly nor muggy.

The third component of the atmosphere is the motion of the air. Motion has one main effect on our bodies: It cools the skin. Hence, we fan ourselves in the summer to keep the air

moving, so it will absorb more moisture from the skin.

If the velocity of the air motion over the body is more than 3 miles per hour, a cooling effect is produced which we call a draft. Air motion at 1 mile an hour is not drafty. From 1 to 3 miles per hour is the comfort zone for air velocity.

Motion of the atmosphere also carries the bacteria suspended in the air to higher levels, where they are probably destroyed by the more direct rays of the sun.

The fourth component factor of the weather is pressure. This is really the weight of the air as it presses against the earth. At sea level it exerts a pressure of 15 pounds per square inch, or it balances a column of mercury 760 millimeters high [about 2 feet 6 inches]. In high altitudes, such as in mountainous regions, the pressure is always much lower. This produces light headedness and giddiness, which is termed mountain sickness. In order to carry more oxygen around to the tissues of the body, the red blood cells will increase in numbers so as to absorb more oxygen from the sparser atmosphere. This is why the mountains are beneficial to people suffering from anemias and debility. It builds up their blood.

Low altitudes, on the other hand, mean an increased amount of pressure. Men working at

the bottom of rivers in caissons are working under greatly increased pressure. When they come up to the surface at the end of a day's work, they must gradually be decompressed. If this is not done, small gas bubbles will form in their muscles and cause extreme pain. This is called the "bends" or caisson disease. It is the same principle as taking the cork out of a pop bottle suddenly and releasing all the gas which was under pressure.

Science as yet has not been able to explain why a change to stormy weather so often is forecast by persons with arthritis or rheumatism. It may be that the dropping pressure alters the circulation in the joints. However, grandma's large toe still is the favorite barometer in many homes. The tissues of the body seem to hold more water with low atmospheric pressures, and so during stormy weather some people say their fingers seem more "puffy" than usual.

In the air over large cities one always finds small particles of matter. These may be coal dust, soot from the neighbor's chimney, bacteria which cause disease or pollen grains from the trees and grasses, which produce hay fever.

Gases produced from coke ovens and chemical plants, as well as many irritating fumes from coal smoke, will be poured out into the air. When these gases are inhaled into the nostrils and lungs, they irritate the lining of the nose and throat and will often produce a cough. This irritating sensation is noticeable as a "choking" sensation when fats are burning on the kitchen stove, for this gives off the irritating, odorous acrolein.

Combinations of some of these components mentioned produce certain reactions in the body: Cold moist air is "chilling to the bone," as one says, and gives the impression of penetration. This is good weather for catching pneumonia and "flu."

Cold dry air, on the other hand, is invigorating, and mountain resorts attract large crowds in the winter time. It is splendid weather for persons with lung diseases, as tuberculosis, for instance.

Warm moist air gives us that muggy feeling. We find this kind of atmosphere in laundries especially, and this is apt to produce joint diseases, as rheumatism and arthritis.

Warm dry air does just the opposite. It increases circulation, and we find that a climate as in Arizona, which is extremely arid, attracts many sufferers of gout and arthritis as well as tuberculous patients.

Many persons have absolutely no idea what "fresh air" really is. They believe that opening a window lets in fresh air and lets out bad air. This is often wrong, for the air in one's house may be "fresher" than it is outside. The fact that air may contain certain odors does not necessarily mean it is harmful, for it has been scientifically proved that odors in the air hurt no one. They may upset our esthetic equilibrium, but they do not produce disease or harm the tissues. It is the presence of bacteria or a disease virus in the air which really produce disease.

Fresh air may be defined as the balance of the various components of the atmosphere to produce comfort. This then would mean air free from dust and particles, a temperature of 68 to 72 degrees, a relative humidity of 65 per cent, the air in motion from 1 to 3 miles an hour and the pressure constant at, or near, the sea level standard of 15 pounds per square inch.

It is rare that at any one time all these components will meet these specifications. However, under our modern methods of ventilation, we are able to wash the air, heat it, humidify it properly and blow it into our rooms at the right velocity. This most nearly approaches the ideal of "fresh air," and yet how many persons sit all evening at home playing bridge, surrounded by good air of a modern ventilated home, and then will go upstairs to bed, shut off their ventilator and open wide the windows so as to let in the neighbor's smoke, the cold damp night air and finally wake up in the morning with a raw throat; or else after having opened the window they will get into bed and pull the covers up over their heads. Such is the effect of habit on our daily routine of life.

GRANDMOTHER'S GIFT

What were the memories behind
Her gentle smile and secret mind?
There must have been a sort of glad
And hidden warmth, for gay or sad,
A softness lingered, charm and grace
Were written on her kindly face.
No wrinkles etched in black and white!
The lines were soft in any light,
More like pastels with colors blent—
As if the gracious Master meant
Her life a special gift for me.
I still remember vividly
Her soft advice—so close it seems—
"Always, my child, hold fast your dreams!"

By Vera Blood Fletcher

When Sunlight Shirks Its Duty

Depend On Vitamin D Milk

Give Your Children a Daily Dependable Supply of "Sunshine" Vitamin D

Dr. Harry Steenbock, at the University of Wisconsin, discovered a way in which to enrich milk with Vitamin D by exposing it to ultra-violet light. Now, progressive dairymen in over 300 cities are using Dr. Steenbock's discovery. They can supply you with one of three types of Vitamin D Milk: Irradiated Vitamin D Milk which has been exposed directly to the rays of an ultra-violet lamp which enriches it with Vitamin D; Metabolized Vitamin D Milk which is produced by feeding standardized irradiated yeast to milch cows; Vitamin D fortified milk which is enriched with the vitamin by adding irradiated ergosterol.

At Your Doorstep Every Morning

In your milk, you and your family may now receive a daily supply of the indispensable Vitamin D, required by all, but especially valuable to infants and growing children. Speak to your dairyman TODAY.

Weak winter sunlight lacks more than warmth; nature meant us to depend upon the sunshine for our supply of Vitamin D, needed by the body to help build and keep in repair our bones and teeth. Yet during much of the year, the sunlight fails to supply all our requirements, especially in the case of growing children. And during winter's short, cloudy days, the low angle of the sun, smoke, and heavy clothing, and the greater amount of time spent indoors, combine to make sunlight practically negligible as a source of Vitamin D.

Children Especially, Need It

Infants and children deprived of their proper share of "sunshine" Vitamin D may develop rickets and tooth decay may increase. These troubles are much more prevalent during winter and spring months, after prolonged periods of weak sunlight. Growing children need Vitamin D to make proper use of the bone and tooth-making minerals, are more likely than adults to be harmed by inadequate Vitamin D.

Science Comes to the Rescue

Science has made available a dependable, year-round source of Vitamin D in Vitamin D Milks. Now you can be sure your child receives this valuable food factor, by serving Vitamin D Milk. Milk is the most nearly perfect food. Milk proteins are superior building materials for muscular tissue. Milk sugar is highly suitable as energy fuel, and the milk minerals, calcium and phosphorus, are supplied in the proper ratio to meet the body's needs. But the body cannot make use of these essential minerals even when supplied in abundance, unless sufficient Vitamin D is supplied.

Milk an Ideal Carrier

Milk is the principal food of infants. It is also a popular beverage of people of all ages. Hence by increasing the Vitamin D content of milk, an effective and almost universal method has been found for providing not only the essential minerals, but the Vitamin D which puts them to work.

Ask Your Milkman

Licensed dairies in many sections of the country are equipped to supply their customers with Vitamin D Milk. Why not ask your dairyman about Vitamin D Milk? And send the coupon below for interesting literature.

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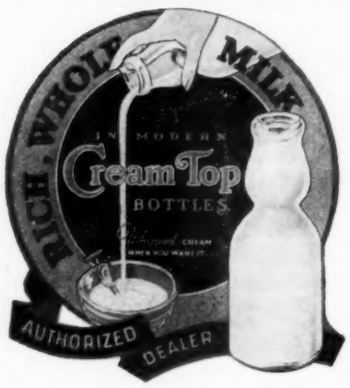
When you want rich whole milk merely tilt the Cream Top Bottle a few times, as you do with the old-fashioned bottle. Mothers know this is full-bodied quality milk. No other will fill the Cream Chamber with Cream so thick it will whip stiff!

Better dairies the country over now supply milk in Cream Top Bottles. Look for the Cream Top Emblem—a proof of rich whole milk. Insist upon getting milk this modern convenient way.



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SOMETHING MORE THAN JUST A BOTTLE OF MILK

VITAMIN D MILK

VITAMIN D is chiefly concerned with the development of good, strong bones and sound teeth. While this vitamin is needed throughout life, the requirement is greatest during infancy and during pregnancy and the nursing period. Infants usually are given from 800 to 1,000 U. S. P. units * of vitamin D daily. For pregnant and nursing women a minimum daily intake of 340 U. S. P. units of vitamin D has been suggested. This amount could be provided by about one teaspoon of U. S. P. cod liver oil or by about three glasses of milk which contain 400 U. S. P. units of vitamin D to the quart.

Only a few common foods contain vitamin D in significant quantities, namely egg yolk and the flesh of certain oily fish, such as salmon, tuna and sardines.

A most important source of vitamin D is fish liver oil. While fish liver oil cannot strictly be considered a food according to our dietary habits, peoples in Northern countries long have used cod liver oil and other fish oils as food. Since 1918, when cod liver oil was discovered to contain vitamin D, its use has steadily grown, until now it assumes tremendous proportions. Moreover, it has been discovered that the oils from other fish are also valuable as a source of vitamin D.

Paralleling the discovery of vitamin D in fish liver oil came the realization that sunlight or ultraviolet lamps can impart vitamin D to the living organism or to foods that do not naturally contain vitamin D. The intentional addition of vitamin D by exposure to ultraviolet lamps is known as irradiation. Unless a person purposely takes some form of vitamin D, he ordinarily receives most of his vitamin D as a result of exposure of his skin to sunlight. That is one reason why rickety bones formerly were observed most frequently in children from thickly populated industrial areas, where smoke screens out much of the protective ultraviolet rays.

The Council on Foods of the American Medical Association has considered that the fortification of milk with vitamin D is in the best interests of the public. An additional source of some of this vitamin is essential for infants and for pregnant and nursing women and is desirable for most other persons. Of all the common foods available, milk is most suitable as a carrier for added vitamin D. Milk contains calcium and phosphorus, which together with vitamin D are essential for building bones and teeth.

Vitamin D properties may be imparted to milk by the direct addition of either natural or manufactured vitamin D concentrates, by irradiation of milk or by proper feeding of vitamin D preparations to cows. The Council on Foods has accepted vitamin D milk prepared by these three methods. The vitamin D content of accepted milks ranges from 135 to 400 U. S. P. units to the quart of fresh milk. The same applies to the reconstituted quart when prepared from evaporated or dried milk.

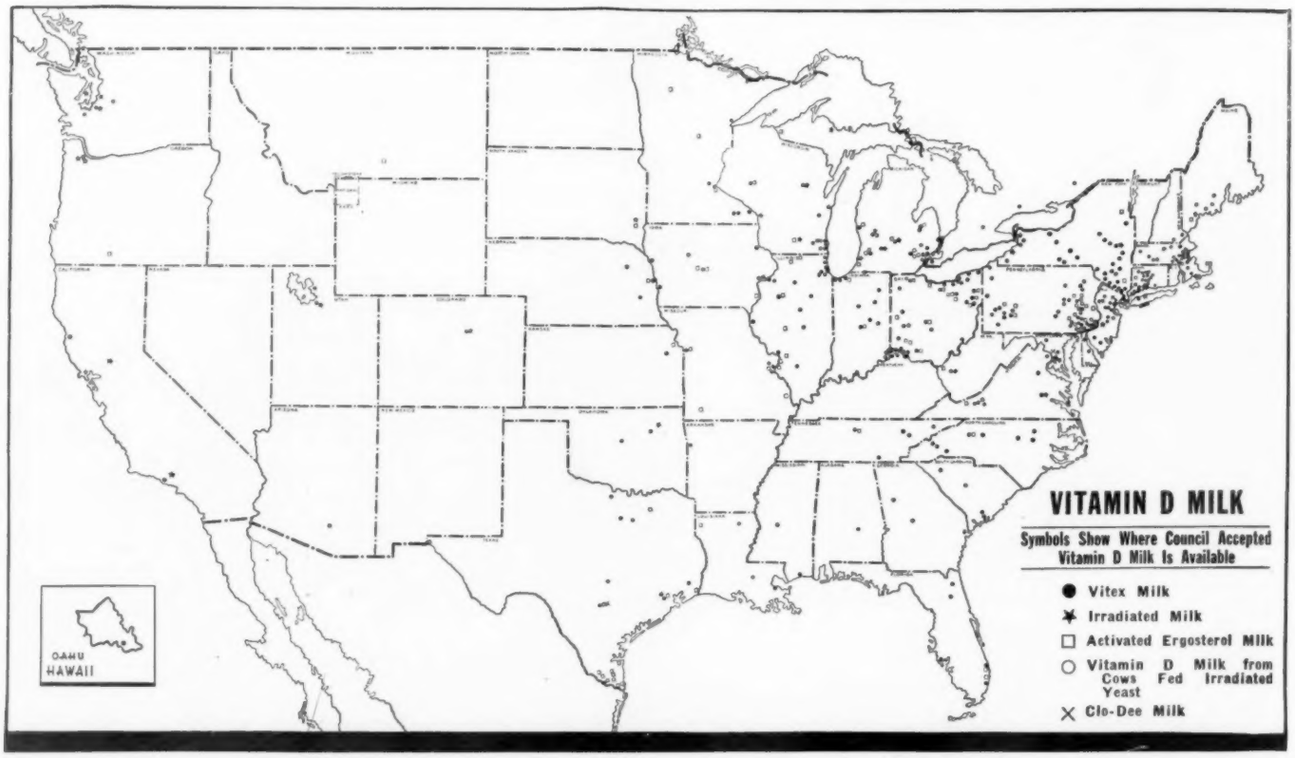
Controlled clinical tests show that irradiated milk containing 135 units to the quart usually will prevent rickets when fed to normal infants in the quantities physicians customarily prescribe. Milk containing 400 units of animal source vitamin D to the quart prevents rickets in normal infants and promotes growth when fed in the customary quantities that are prescribed by physicians. This amount of vitamin D is usually greater than the minimum required and thus provides a margin of safety.

There are some babies who need many times the usual amount of vitamin D in order to keep free of all signs of rickets. For this reason it is essential that all babies be given vitamin D according to the instructions of the attending physician.

Vitamin D milk has enhanced nutritive value both for children and adults. It aids in the proper maintenance of bones and teeth. Vitamin D milk is especially valuable for children who do not receive vitamin D from special sources.

* The vitamin D content of products is expressed in terms of United States Pharmacopeia units. One U. S. P. unit of vitamin D is equivalent to one international unit.

Where Vitamin D Milk Is Available



"Vitex" and "Clo-Dee" are registered trademarks of vitamin D concentrates prepared from cod liver oil and may be added directly to the milk. "Irradiated Milk" is that milk which is exposed in a thin film momentarily to ultraviolet rays. "Ergosterol" is a preparation which when irradiated with ultraviolet light or activated by low velocity electrons is converted to vitamin D. When cows are fed irradiated yeast, some of the vitamin D is transferred to the milk they yield.

TURKEY ON THE TABLE

Friendly candles are gleaming at windows. Lights are twinkling on evergreens. Pungent odors are floating out from the kitchen. One of the closets upstairs is serving as a substation for Santa Claus. There is much subdued rustling and crackling of paper wrappings. In short, it's Christmas time.

Or to say it another way, it's time for a turkey dinner with all the trimmings—savory stuffing, giblet gravy and cranberry sauce. This year there is the largest supply of turkeys that the market has ever seen. That means that the prices this season will be more than reasonable, too. So, since, turkey for dinner is an occurrence only a once or twice a year in many families, homemakers may want to brush up on a few points of selection and cooking. Here are some facts:

Q. What are the main things to look for when buying a turkey to roast?

A. First, find out if the bird is young or old. That will make a difference in the way it is to be cooked. Next, if the turkey is to be served at the table, see that it is of good shape, free from deformities such as a crooked breast or backbone that will detract from its good looks and make it hard to carve.

Third, see that the quality of the turkey is as good as may be expected for the price. Turkey quality shows up in a well fleshed, well rounded body, a good coating of fat in the skin, few blemishes and few pinfeathers.

Q. What size of a bird should be bought for any number of persons?

A. Allow ¾ to 1 pound for each person to be served. That's as the bird is weighed when it is bought, undrawn, with head and feet attached. A 15 pound turkey makes twenty generous servings. Tom turkeys usually weigh at least 14 pounds and up to 25 pounds or more. Hen turkeys are smaller, from 7 to 15 pounds usually.

Q. In what sort of a pan should a turkey be roasted?

A. For young turkeys, use an ordinary dripping pan with a rack in the bottom. Do not cover. In such a roaster any steam that forms may go off into the air and not stay inside to draw juices from the turkey and make it dry. For older turkeys and some younger ones that are not well fattened, use a roaster that can be covered, all or part of the time. Less tender birds need the help of steam to soften connective tissue.

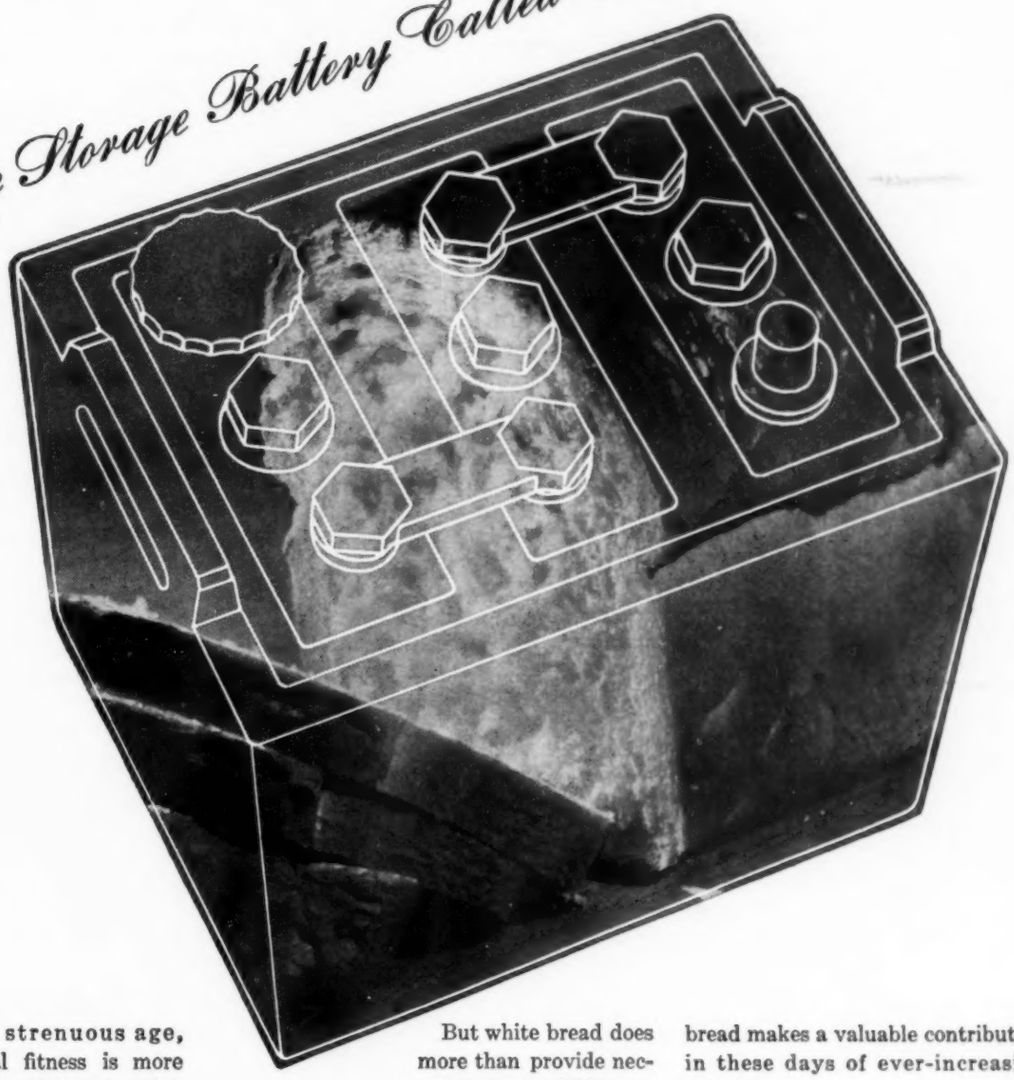
Q. How long and at what temperature should turkey be roasted?

A. Cook turkey at a moderate temperature. Keep the temperature constant throughout the cooking so the turkey is cooked evenly and tenderly.

Best oven temperatures for roasting turkeys are around 300 F. Use a little more heat in the oven (about 325 F.) for smaller birds and less (around 275 F.) for larger. A young turkey weighing over 10 and under 14 pounds market weight will probably require 3 to 3½ hours to cook at 300 F.

—U. S. Dept. of Agriculture.

The Storage Battery Called BREAD



IN THIS strenuous age, physical fitness is more important and (fortunately) more *popular* than ever before.

You find your patients of all ages anxious for better bodies, greater stamina, extra energy.

Few "energy foods" are more readily digested by normal people, or more completely assimilated, than white bread.

But white bread does more than provide necessary energy. This popular, economical food is about 48% carbohydrate and almost 10% protein . . . and in addition, it offers phosphorus and some calcium, a little iron, and small quantities of vitamins B_1 and G (thiamin, riboflavin).

To the daily diet (normal or reducing) of the average person, white bread makes a valuable contribution in these days of ever-increasing activity.

To provide a ready-reference file containing interesting and reliable facts about the food value of bread, we have prepared a reprint of an authoritative article from "Hygeia" entitled "Our Daily Bread". May we mail you a copy free of all obligation?

American Institute of Baking

DEPARTMENT OF NUTRITION

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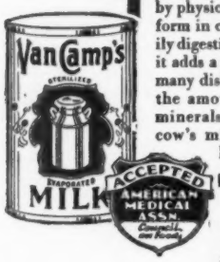

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New cereal food developed specially for your baby

New Gerber's CEREAL FOOD

Overdosage of Skin Disorder Remedies Dangerous

Overdosage of remedies for skin disorders is not only a useless but a dangerous procedure that may cause a recurrence rather than a disappearance of the dermatitis, *California and Western Medicine* warns in a symposium on overtreatment in dermatology.

"Cutaneous infections, whether they are bacterial or mycotic, will often clear under the use of mild remedies," Hiram E. Miller, San Francisco, declares. "If the same preparations are given in a more concentrated form they may irritate the skin, thus lowering its resistance and permitting the spread of the infection.

"The correct dosage of a drug to be taken internally is strictly adhered to, but there is a general feeling that dosage is not of importance if the preparation is to be applied to the skin.

"The skin of patients with auburn or blonde hair is always very sensitive. A certain strength of a drug may cure a condition in a brunette, but when the same product is prescribed for a blonde it will cause irritation. A remedy may be well tolerated on one part of the body, but when it is applied elsewhere it may be irritating."

Samuel Ayres Jr., Los Angeles, points out that a patient may misinterpret the physician's instructions and decide that as long as itching or dermatitis continues he should continue to apply the remedy. He says: "I have encountered patients who have thus gotten into vicious circles, beginning with scabies, then developing an itching and a mild dermatitis from the use of a perfectly proper ointment; then, believing themselves to be still infected, using more and stronger applications, with an ever increasing itching and dermatitis long after all parasites have been eliminated," he states.

"Attempts on the part of patients to treat minor traumatic lesions or trivial skin eruptions, without benefit of diagnosis or doctor, often lead to serious complications. The layman's idea of applying something strong enough to 'kill the germs' prompts him to apply irritating chemicals or some proprietary remedy which he has seen advertised, or which was recommended by a friend or by a druggist."

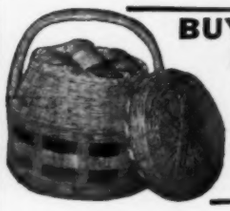
Commenting on overtreatment with x-ray, Harry E. Alderson, San Francisco, says: "Chronic recurring itching dermatoses only too often receive excessive radiation therapy when other safer measures would be effective. These patients frequently travel around from office to office, and they do not always see dermatologists. Sooner or later they receive x-ray treatment, and the temporary relief obtained encourages them to seek the same wherever they may be, not realizing that these effects are cumulative and eventually may result in serious complications. These wandering patients frequently get into trouble because they do not tell their new consultant that they have had x-ray therapy."

Traveling Medical Faculties

Traveling faculties in graduate medical education are being used by several state medical associations as a means of insuring the continued confidence of the practicing physician, thus maintaining the high quality of medical care for the American people, *The Journal* of the American Medical Association reports.

Primary Peritonitis Mortality Reduced 50 Per Cent

Using early operation, abdominal drainage and treatment with sulfanilamide or a specific serum, three Boston physicians report in *The Journal* of the American Medical Association a reduction of more than 50 per cent in the mortality rate from primary peritonitis [inflammation of the membrane lining of the abdominal walls] in infants and children.



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SECRETS from a DIXIE KITCHEN

By HARRIET ACHESON KOCH

IN ORDER to do in Rome what the Romans do, it is necessary first of all to have pretty well fixed in mind just what it is that the Romans do. Sometimes it comes with something of a shock to discover that Rome's way differs from one's own.

The South has always been famous for its beautiful ladies, chivalrous gentlemen and fine cooking. That fine Southern cooking differs in many respects from fine Northern cooking comes often as a surprise to the Northerrer who goes South to live.

Surely there could have been no one more surprised than I when I walked into my kitchen, dinner menu in hand and grim determination on my face. Once more would I explain *just* how the steak was to be broiled, *just* how the potatoes were to be mashed and just how the salad was to be tossed together. After that—well, I refused to think farther into the future which looked pretty dark.

My black Mary was nowhere to be seen, but suddenly I heard her unperturbed-through-thick-and-thin voice. Outside the kitchen window, majestically shaking out her freshly washed kitchen towels was Mary, talking to my neighbor's cook.

"My madame," I heard her say, "is fum de N'oth."

"Sho nuf?" said the other. "How you like it?"

"Oh, I likes it fine," Mary responded. A pause while she shook out another towel. "Course she don't know nothin' about cookin'," she added with pity.

So Rome in this case became Georgia, and when in Georgia one might as well make up her mind to do as the Georgians do or go hungry. That is, if there is a black Mary in the kitchen, and in Georgia there will be. Truly, Rome with its legendary humming birds would have held forth no stranger foods than those with which we have now become well acquainted and of which we have become so fond. A list of some of them reads a little like a foreign primer even yet: Syllabub, Hush Puppies, Grits, Hopping John, Jambalayah, Ambrosia and Pot Likker, to mention a few.

Of course the South has long been justly famous for its fried chicken, baked hams and hot breads. Restaurants from coast to coast have long served everything from chicken smothered in gravy to broiled squab masquerading under the name of Southern Fried Chicken. Our Confederate friends insist that to them there is only one way to prepare Southern Fried Chicken, and this is it:

Southern Fried Chicken

Select a tender young fryer. Cut into pieces for frying. Wash well and dry. Dip in flour, sprinkle with salt and pepper, and fry quickly in deep hot fat until brown and crisp. Allow to continue cooking slowly until completely tender, about half an hour in all. Our Mary puts in this word, "I fills my skillet most full of grease and has it real hot before I puts the chicken in. Then I cooks it quick until it gets a good brown crust so's it won't soak up the grease."

Crisp on the outside, tender and moist on the inside with an incomparable, delicate flavor—that's Southern Fried Chicken.

In the desire to stay as physically streamlined as possible, bread, as often as not, had no place in our dinners. But that was in the past, and before Mary, after laboriously studying my menu and finding it lacking, would come to the doorway to inquire disapprovingly, "What bread you having tonight, ma'am?" One cannot, after all, day after day face the amazed incredulity of a Southern cook without weakening occasionally. And biscuits may rapidly resolve themselves into an unending procession of corn sticks, popovers, muffins and light rolls.

Southern biscuits are only distant cousins of all other biscuits. They are flatter, richer and more crisp. Mary explains it this way, "I use the 'ceet' in your book, but I adds a right smart more of shortnin'." Of course no Southern diner worthy of the name would mistreat a biscuit to the extent of letting it cool before buttering it. No indeed, the top is lifted from the hot biscuit immediately, a piece of butter popped inside, the top replaced so that the butter may melt in a golden stream.

Popovers are pretty much the same the world over, if they are properly made, and unless they are properly made they are nothing at all. This recipe is the one that Mary uses, and we hang blue ribbons all over the result.

Mary's Popovers

1	cupful flour	2	teaspoonfuls melted shortening
½	teaspoonful salt		
2	eggs, unbeaten	1	cupful milk

Thoroughly heat well greased muffin tins or glass or earthenware cups in a hot oven. Sift flour and salt into mixing bowl. Add remaining ingredients, and beat until smooth, using a rotary beater. Long beating is unnecessary.

Fill sizzling hot pans one-third to one-half full, and place in a hot oven (450 F.) for 20 minutes; reduce heat to moderate (350 F.) and finish baking, about 20 to 25 minutes more.

Cornmeal is much used, and it is the white variety which one most often finds. In our kitchen we still cling to the yellow meal but have enthusiastically adopted recipes from the kitchens of our friends. One of these recipes is for Hush

Puppies, which get their unique name according to legend, from the old days when the Negroes would gather for their fish fries. To accompany the fish, the Negroes would prepare a particularly delicious corn pone which was fried in the same fat in which the fish was. As they sat around the fire and talked waiting for the food to be ready, the hounds gathering nearby would sniff and howl hungrily. Pieces of the fried corn pone were tossed out to them with the admonition to "hush puppy." Gradually the pone became known by that name and remains so to this day.

Hush Puppies

2 cupfuls corn meal
2 teaspoonfuls baking powder
1 teapsoonful salt
1½ cupfuls sweet milk
½ cupful water
1 large onion, chopped fine

Sift the dry ingredients together. Add milk and water. Stir in chopped onion. Form the dough into oblong cakes about 4 inches long and 2 inches wide and about an inch thick. Fry in deep hot fat or oil until well browned.

By the time one has progressed blissfully through fried chicken, rice and gravy, greens cooked with a "streak o' fat, streak o' lean," tomatoes stuffed with corn, a salad and hot biscuits, a light dessert is about all that most of us can manage. There are several that are as "South" as a cotton field and just as light and delicate looking, with a flavor long to be remembered. One of these is Syllabub.

Syllabub

Pour 1 or 2 tablespoonfuls of Sherry wine into a bowl with 4 teaspoonfuls of sugar, and let the sugar dissolve. Beat until very stiff a half pint of rich cream. Fold in two egg whites which have been beaten until stiff. Gently add the wine and sugar, and serve immediately. The recipe will serve six. Vanilla may be used as a flavoring instead of the wine. The dessert may be poured into the tray of a refrigerator and served frozen, in which case it is no longer Syllabub but is another delightful dessert, very similar in flavor and texture to "store" ice cream.

An equally light dessert, but one which boasts a few less calories, is Ambrosia, as fitting a finish to a meal as its name implies.

Ambrosia

4 oranges
½ cupful powder sugar
¾ cupful freshly grated coconut
Sherry wine or pineapple juice

Peel and divide oranges into sections, removing membrane. Add sugar and coconut. Pour over about a wineglassful of Sherry or pineapple juice. Chill and serve in sherbet glasses.

Several popular Southern desserts that do better at the end of a somewhat lighter meal are Pecan Pie and Sweet Potato Pie, both of which deserve the praise they have won down through the years.

Southern Pecan Pie

⅓ cupful butter
½ cupful brown sugar
1 cupful light corn sirup
1 teaspoonful vanilla extract
3 eggs
1 cupful pecan nutmeats

Cream butter; add sugar gradually, beating well. Add corn sirup and flavoring; mix thoroughly. Add slightly beaten eggs and pecans.

Line a pan with pastry; pour in filling. Bake in hot oven (450 F.) for 10 minutes; reduce heat to moderate (350 F.) and finish baking. This is sufficient filling for a 9 inch pie.

Sweet Potato Pie is first cousin to a pumpkin pie, and there are those who can't tell the difference.

Sweet Potato Pie

2 cupfuls mashed sweet potatoes
1 cupful sugar
1 teaspoonful salt
1 teaspoonful cinnamon
¼ teaspoonful ginger
2 eggs
2 cupfuls milk

Mix spices, sugar and salt with sweet potatoes. Beat egg yolks slightly; add to milk. Add milk mixture to potato mixture. Fold in stiffly beaten egg whites. Pour into uncooked pastry shell. Bake in a hot oven for 20 minutes, reset to 375 F., and bake 25 minutes longer.

"Mammy's Little Baby" who was so fond of Short'nin' Bread had good reasons, for it is a delicious crisp cookie-like bread for which other hands are bound to reach eagerly.

Short'nin' Bread

2 cupfuls flour
½ pound butter
½ cupful light brown sugar

Mix flour and sugar. Add butter. Place on floured surface, and pat to one-half inch thickness. Cut into desired shapes, and bake in a moderate oven for 20 to 25 minutes.

But life is not all fried chicken and Ambrosia in the Southland. Just as the Japanese have their Sukiyaki, the French their Pot au Feu and the Irish their potatoes, the Rebels (be ready to run when you say that) have their grits, okra, rice, pot likker, greens and Hopping John. In other words, the "country" dishes that form the mainstays of the poor white and Negro diets, but which are enjoyed equally by the "better fed, better clothed, better housed" of the cities and are often included in their menus.

My grandfather considered no breakfast complete without a dish of steaming hot oatmeal. He would find his counterpart below the Mason and Dixon line, only it would be grits instead of oatmeal. Grits are coarsely ground corn which has been processed and are more similar to hominy than to cornmeal. It is a dish served at any meal of the day, in the morning displacing hot cereal, at luncheon or dinner in place of potatoes or rice. Grits are cooked the same as any cereal but served with butter rather than with cream and sugar. One has become a real "Cracker" when he has learned to enjoy fried country ham and grits with red ham gravy for breakfast.

Our first introduction to Hopping John came through a young lawyer who described the dish with such a depth of feeling that we were moved to include it on our menu the following day. Since that time it has made numerous return engagements.

Hopping John

2 cupfuls dried field (black eyed) peas
¼ lb. salt pork
1 cupful cooked rice
2 tablespoonfuls butter
1 cupful stewed tomatoes

Soak peas overnight. The next day cook with pork until they are soft, being careful to keep them whole during the cooking. When they are cooked sufficiently, there should be only a small quantity of liquor left on them. Mix cooked

rice and peas together, add tomatoes, and season with salt, pepper and butter.

The late Huey Long brought the attention of Pot Likker to his compatriots, but it was famous long before his time.

Pot Likker

Into 3 quarts of cold water put a ½ pound piece of salt pork. Boil for 45 minutes. Put well washed turnip greens in the pot with the pork, and let boil for another hour. Drain the water from the greens and meat, saving it. Chop the greens rather fine, and season with salt and pepper. Place the greens on a hot dish, and on top arrange slices of the pork. Pour over the greens about 1½ cupfuls of the water in which the greens were cooked (pot likker).

Cornbread is to pot likker what Amos is to Andy, and, as one little Southern lady explained, the cornbread is to be crumbled in the pot likker. Possibly this is a dish for which a taste must be acquired, but after once acquiring it, one concludes that Mr. Long was right.

Jambalayah

1½ cupfuls cold diced chicken	Salt and pepper
1 cupful boiled rice	1 large onion, chopped
1½ cupfuls stewed tomatoes	½ green pepper
	2 stalks diced celery
	Buttered crumbs

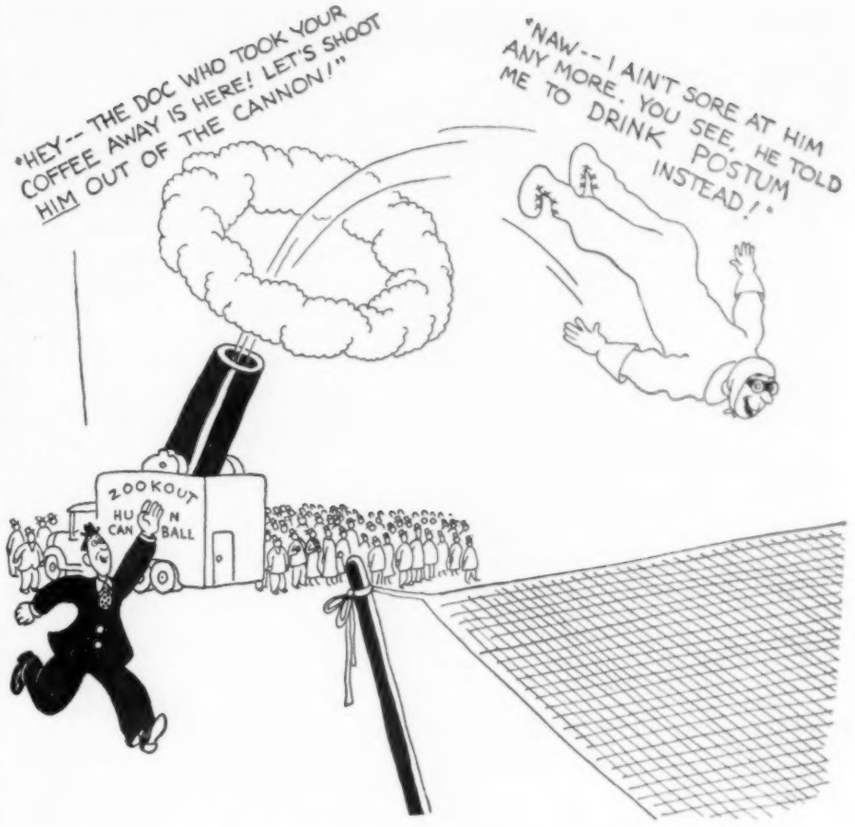
Mix together chicken, rice and tomatoes. Cook for 10 minutes. Add chopped onion, pepper and celery. Turn mixture into a baking dish, and cover with buttered crumbs. Bake for one hour in a moderate oven.

It is doubtful whether it will be necessary to acquire the taste for Southern Gumbo, for it is as savory as it is fragrant. It's a good, full-bodied sort of dish that has sticking-to-the-ribs qualities.

Southern Gumbo

1 onion, chopped	1 cupful chopped green peppers
2 tablespoonfuls melted butter	2 cupfuls hot water
2 cupfuls tomatoes	½ teaspoonful celery seed
2 cupfuls okra, cut fine	Salt and pepper

Fry the onions in the melted butter until brown. Add the vege-



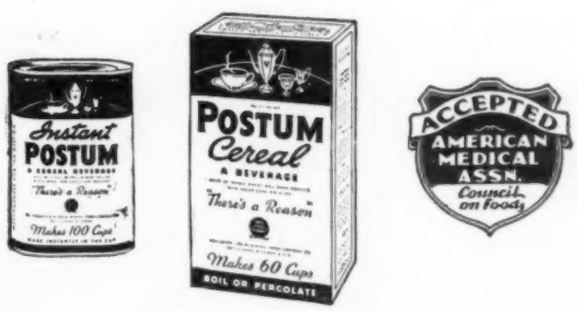
IF YOUR DOCTOR SUDDENLY separated you from your customary mealtime cup of coffee, you might feel pretty badly about it.

But, if he added, "Drink Postum instead"—and most doctors do—you could *still* enjoy a hot, satisfying drink with your meals, without fear of harmful consequences. For Postum is a flavorsome, full-bodied drink that makes the most enthusiastic coffee drinker quickly forget tabooed beverages.

Postum contains no caffein, no harmful stimulants. It is simply whole wheat and bran, roasted and slightly sweetened.

So easy to prepare — So economical

Postum comes in two forms: Postum Cereal, the kind you boil or percolate, and Instant Postum, made *instantly* in the cup. It is delicious and easy to prepare either way—and costs about ½¢ a cup to make. Postum is a product of General Foods.



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COSMETICS AND ALLIED PREPARATIONS

Facts concerning preparations for the skin and for the hair, deodorants, depilatories, etc., most of which have appeared in the Bureau of Investigation department of THE JOURNAL A. M. A. Miscellaneous articles by Dr. Arthur J. Cramp from HYGEIA. 60 pages. Price 15 cents.

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DO YOU LIKE GOOD CREAM CHEESE?

HAVE YOUR DEALER SHOW YOU THE NAME

Breakstone's

WHEN HE CUTS YOUR ORDER

tables, hot water and seasonings. Cook slowly until quite thick.

In the South, left-overs are rarely a problem, for by the time one large sized cook and her various dependents have been taken care of, one is lucky to have the design left on the platter. But occasionally, there is chicken and rice which can be combined into the following delicious dish.

Southern food indeed deserves its laurels. However, it should not be judged by the restaurant meals, which the casual traveler is likely to encounter in the South, for, with a number of notable exceptions, restaurants in the South leave much to be desired. Similar to the little girl with the little curl, if they are good they are wonderful, and if they are bad they are dreadful.

Small town restaurants are likely to be pretty bad, for it is in the small Southern town where the art of eating has reached a high point in enjoyment, and enjoyment in eating doesn't include grabbing a bite at the corner lunch stand. The Southern gentleman is likely to close shop at noon and go home to a mid-day dinner, after which he relaxes for an hour, then leisurely returns to take up his business where he left off—well fed, rested and relaxed. He doesn't worry about having customers or clients escape him while he dozes, partly because it isn't his nature to worry much, and also because his customer is probably at home doing likewise. At night, he goes home to a light supper and consequently sleeps well at night, since his stomach is not overloaded.

No wonder the Southern population as a class is unworried about the state of its stomach and completely at ease as to what should or should not be put into it.

Unfortunately, for the sake of its health, modern business methods are crowding out the old customs in the larger cities, and the South is no doubt entering on the don't-dare-eat-that era that has long held many business people in the North in its grip.

It is to be hoped that the love for leisure, for good food and pleasant companionship that are so strongly inbred in the Southerner will overcome high pressure business methods to the extent that the South may continue to be known for its leisurely and gracious living.

THE STORY OF THE CHRISTMAS SEALS

Today there are 200,000 persons alive in the United States who last year would have died of tuberculosis if that year had been 1904. In that year, 201 out of every 100,000 persons died of tuberculosis, while in 1938, 49 out of each 100,000 died. Part of the reason for this great reduction is traceable to the work of the National Tuberculosis Association which sponsors the sale of the Christmas seals each year.

Part of the money derived from sale of these seals goes into a fund that maintains a rehabilitation program for tuberculous persons in sanatoriums.

The chief concern of physicians and others working with the numerous antituberculosis associations is the detection of tuberculosis in its early stage when cure may be more easily effected.

Early examination, skilful diagnosis and prompt treatment are the factors which make the disease curable and preventable. Examinations are important even when the disease is not suspected.

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TRY THIS SIMPLE WAY TO GET THE BENEFITS OF MILK WITHOUT DIGESTIVE DISTRESS

Here's a quick, simple way that anyone can make milk readily digestible!

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Another easy way to make milk more quickly digestible is to make it into tempting, delicious rennet-custards with "Junket" Rennet Tablets. You can buy handy pocket size tube of ten "Junket" Rennet Tablets at grocers or drug stores.

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HEALTHGRAMS

FROM ARTICLES IN THIS ISSUE

¶Most individuals past middle life or those with a naturally dry skin should not bathe as frequently in cold weather as they do in warm weather.
See page 1064

¶If cancer is present, the probability of permanent cure is proportionately increased as the time is shortened between the first symptom, an adequate examination and application of efficient treatment.
See page 1067

¶A large percentage of so-called heart murmurs are of absolutely no significance; many are of only minor importance, and only a comparatively few are of serious consequence in children who are able to attend school.
See page 1070

¶Nine out of every ten cases of serious infection spring from injuries so small that they seem negligible—and are therefore neglected.
See page 1072

¶Women who marry partly because they desire to stop working and supporting themselves frequently find to their chagrin that marriage means work too.
See page 1078

¶The difference between the quick and the dead is often no more than a second.
See page 1088

¶There is no other emotion which is more capable of undermining the self respect and security of a child than *fear*.
See page 1091

¶Nothing keeps one awake more surely than the certainty that one cannot sleep.
See page 1108

MARY: I've just got to tell you about our wonderful find, Jane—it's Post's 40% Bran Flakes, the most delicious cereal you could possibly have for breakfast!

JANE: It sounds simply grand, Mary—and the way you two talk, it must be something extra special!

JIM: You bet it is, Jane! Post's Bran Flakes not only taste great, they have *two extra benefits* that help to keep you feeling fit . . .

First, Post's Bran Flakes provide just enough bran, a *natural* regulator, that helps protect you against sluggishness. People whose systems are irregular, due to lack of bulk in the diet, find Post Bran Flakes, eaten daily, a wonderful help.

Second, Post's Bran Flakes are a good cereal source of phosphorus, iron, Vitamin B_1 to help maintain appetite . . . and today, Post's Bran Flakes come to you at a NEW LOW PRICE!

A FEW MONTHS LATER . . .

JANE: I'm so grateful to you for telling me about Post's Bran Flakes . . . they're perfectly delicious, and just what I needed to help keep my system in order!

MARY: Yes, isn't it wonderful, Jane, that eating a grand-tasting cereal every morning can give such wonderful *extra benefits!*

IMPORTANT: Post's Bran Flakes, due to their bulk, are a *regulative* cereal. Constipation due to insufficient bulk in the diet should yield to Post's Bran Flakes, eaten regularly—as a cereal or in muffins. For cases not corrected in this simple manner, a physician should be consulted. Post's Bran Flakes are a Post cereal—made by General Foods.

When Winter Comes—

(*Continued from page 1066*)

vidual case. The internal disposition or susceptibility to eczema may apparently be caused by faulty metabolism, focal infections, nervous disturbances, heredity, allergy and all internal diseases which are known to cause itching. Under the heading of faulty metabolism must be considered improper utilization of carbohydrate, purine, protein, mineral, fat and water metabolism as well as the possibility of avitaminoses. Focal infections are most commonly found in teeth, tonsils, sinuses, gastrointestinal tract including the gallbladder, and the urinary tract, including the prostate. Nervous disturbances, according to a number of authors, play an increasingly important role. They include in particular vasomotor disturbances, emotional shocks, neurasthenia and overstrain. Anemia, chlorosis, uremia [presence of urinary constituents in the blood], hyperglycemia [excess of sugar in blood], renal insufficiency [inefficient kidney function], endocrine irregularities, pregnancy toxicoses [poisoning] as well as many other internal disorders, because they may cause severe itching, may be responsible for the development of an eczema. While eczema is not in itself hereditary, a tendency to the condition may be transmitted from parent to child, and occasionally it is not manifest until adult life. It is generally in this type that an allergic background may be found, and skin testing may be required in an attempt to ascertain the cause. Skin testing with foodstuffs has not proved to be helpful in most instances, even in infantile eczema, and in adult cases it is practically useless. A relatively new type of skin testing, spoken of as "patch testing" offers us much more help in the diagnosis of "contact" cases. In this process, bits of the suspected material are placed on the skin and held in place with a patch of adhesive tape. In the so-called contact eczema, the offending material responsible for the process is some external factor, such as wool, silk, dyed articles or garments, fur, polish or any item of an increasingly extensive list of skin irritants.

But regardless of the importance of all the internal factors enumerated, the local care of eczema is still of the greatest importance. The fact that practically all eczemas are so much worse in the winter in itself indicates the significance of local irritants, whether they are physical injuries, clothing, changes in temperature, lack of ultraviolet light or activity of parasites.

Frostbite and chilblains are probably only encountered nowadays at periods of sudden and unexpected cold snaps, as both conditions can generally be prevented. Frostbite may cause three degrees of cutaneous reaction, somewhat similar to burns: (1) First degree produces extreme pallor, followed by intense redness and congestion; (2) second degree gives rise to blister formation and some skin sloughing, and (3) in the third degree, sloughing is more pronounced, and necrosis [moist gangrene] takes place. The fingers, toes, ears and nose are affected most commonly or to a more severe degree. The skin, at first a waxy color, is devoid of pain until the circulation is reestablished, when intense itching and burning sets in. Later, in the second and third degree stages, open and discharging ulcerated wounds with bleeding and loss of tissue occur. These are slow to heal and may last throughout the winter.

The best treatment for an acute frostbite is to raise the temperature of a cold room gradually to which the patient has been transferred and to massage gently the affected part. Never put snow, ice water or a wet towel on the frostbitten area. Stefansson, the arctic explorer, simply applies gentle friction with the dry warmed palm. Alcoholic stimulants or hot drinks should not be given. The warmth should be applied only cautiously and progressively with very moderate intensity at the beginning. The cold parts are best kept in an elevated position, loosely dressed and exercised mechanically. Not only should massage be given regularly for weeks to the areas that have suffered, but the patient must actively move all joints of the affected extremities for five to ten minutes every hour or two during his waking hours. Patients suffering from second and third degree frostbite require expert medical care and often hospitalization. Antitetanic serum should be given if open wounds occur, especially if they are on the feet.

Chilblains occur in predisposed persons following their prolonged exposure to moderately low temperatures in the cold moist seasons of the year. The chief cause is proba-

bly the contraction of certain arteries due to cold; this produces a temporary anemia and is followed by a dilatation of the capillaries and some blood stoppage. The skin becomes red, swollen, glazed, indurated and cold. Stimulation of the peripheral sensory nerves causes intense itching and at times considerable pain. The predisposition may be due to endocrine causes, anemia, defective calcium metabolism with resultant diminished coagulability of the blood or tuberculosis. Next to confirmed alcoholics and poorly nourished people, children and young persons are most frequently affected. The treatment of this is essentially preventive. An ointment to allay itching or burning should be applied to the affected parts.

One other skin disease should be mentioned briefly because of its tendency to flare up or become worse in the winter. Psoriasis, while subject to all variety of individual variation, does as a rule get worse at this season of the year, possibly because the subject gets less sun exposure. The cause of psoriasis still is unknown, but it would seem that sunlight in some way is beneficial to a rather high percentage of these patients. Excessive dryness or winter chapping, however, does not seem to be of any consequence in this disease. It is characterized by the formation of scaly red patches on certain surfaces of the skin.

By way of summary, these conclusions have been reached:

1. The skin of many persons requires considerable care in cold weather, which is generally unnecessary at other periods of the year.

2. To avoid excessive dryness of the skin and chapping, we must avoid the use of too much soap and water and regularly apply oils or lubricating creams to the parts most apt to be affected.

3. This is of particular importance if we wish to prevent or render less severe an attack of eczema. As eczema is our most common skin disease, the value of preventive or prophylactic measures cannot be overemphasized.

4. Frostbite and chilblain, like eczema, while not entirely preventable, may be modified by proper precautions before their occurrence and by the correct first aid management of early cases.

Create a Better Climate in Your Home!

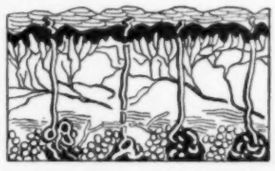
HUMIDITY and Your HEALTH

Your respiratory passages—nose, sinuses, throat and lungs—are all lined with a delicate membrane which Nature tries to keep moist, soft and healthy. Every breath brings a rush of air across these

Upper respiratory passages

sensitive membranes. When this air is desert dry, the damaging effects are obvious. Adequate moisture is essential to a healthy condition of the respiratory and nasal passages.

SKIN COMFORT



Cross section of human skin showing at top the outer layer which must be kept soft and moist for maximum comfort.

The average adult has a skin surface of about twenty square feet. Under normal conditions of temperature and humidity it remains soft, pliable and comfortable. Exposed to excessive dryness, such as prevails in most homes during the winter months, the skin tends to dry and parch, leading to discomfort and in many cases, actual itching.

HYGEIA on Humidity

"It (dry air) even attacks the body, causing a drying of the skin and in some cases resulting in winter itch. The inhalation of such dry air has a harmful effect on the mucous membranes of the respiratory tract."

Hygeia January 1935

"Because of the drying up of the mucous membrane lining the respiratory passages, colds and grip germs get a foothold and flourish in profusion."

Hygeia August 1937

"Then there is a variety of sinus trouble which is most prevalent during the winter season when homes and offices are overheated and drier even than the Sahara Desert. . . . Extreme dryness and dust are the arch enemies of most sinus sufferers."

Hygeia September 1937

More Moisture — Less Heat

The overheated air in your home may be actually drier than the Sahara Desert. Indoor humidity is often as low as 10 per cent—four to five times that amount of moisture is essential for comfort and physical well-being.

Now you can easily regulate the humidity in your home—actually create a new and better climate by means of

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QUESTIONS AND *Answers*

Possible Length of Hair

To the Editor:—Is there no limit to the growth of the hair of a human being's head or beard or of that of an animal, if it is not cut?

B. B., New York.

Answer.—Hairs grow from roots or follicles, and hair follicles grow down from the surface of the skin into the scalp tissue. Each hair follicle is an organ in itself; it generates and regulates its own color and length of its hair.

Each follicle has periods of growth and periods of resting. After a certain time the hair loosens and falls out, then a new hair is developed. The length of the hair depends on the health and vigor of the follicle, which may vary with individuals. Pelt bearing animals have a uniform hair follicle function; hence their hairs are of uniform length. Cutting or shaving of hairs does not increase their length.

Head Banging

To the Editor:—Why does an 11 month old baby bang his head against his crib before bedtime and sometimes during the day? This began at age 2 months. The baby has never been rocked to sleep. How can this be stopped?

L. B., New York.

Answer.—The nervous system at birth is not fully developed but is merely in the process of ripening. At this period of life and continuing for several months, the nervous system constitutes a highly sensitive mechanism of the various physiologic and psychologic adjustments. Muscle coordination is poor; but the infant is constantly making an effort to improve his status. Every one is familiar with the sudden jerks of the young baby's body at the slightest sound or at times through no provocation at all. Soon the infant learns to control certain groups of muscles. Among these, the muscles of the neck are the earliest to come under such control, and by the end of a few days in some cases, though in the majority of instances not until the end of the second month, the child can raise his head. With the approach of muscle use, there also comes an appreciation of rhythm.

The habits known as head nodding, head rolling, head banging have a common origin. Former generations satisfied the quest for rhythm by rocking the infant in its cradle. Although these head movements singly or in combination may occur in mentally deficient babies, they are certainly not limited to any particular type of mentality. In themselves, they are as a rule a simple, even if unsightly, expression of rhythm. It is the best the baby can do in an effort to convince himself that he has the muscles thus involved under his power. In head banging, even occasional pain is tolerated, and comfort is gladly sacrificed at the altar of his power, for with this feeling of might comes usually a great deal of attention from those around the child. It is this very appreciation of power that services to maintain and intensify the habit. Elders grow tired and disgusted with the monotony of these purposeless movements and soon begin to scold and restrain. This adds nothing but joy to the young ruler, and more likely than not he is prone to answer these adult protests with a guilty look or an audacious smile. The more distracted the parents become, the better time the baby has exercising his whip on his subjects.

This explains the natural impulses leading to and maintaining the habit. There are cases in which monotonous head movements are based on organic factors. Among these are irritations to the brain resulting from hemorrhage at birth or chronic inflammations. Such causative factors can be detected by the physician, and treatment often constitutes a difficult problem.

Infantile rickets may at times be responsible for these abnormal head movements. A deficiency of lime predisposes to excessive nerve irritability. One of the early signs of rickets in infancy is restlessness with special manifestations of bizarre motions of the head. Pediatricians long ago have associated the incidence of these peculiar habits with seasons of the year when sunshine is at a minimum and with dwellings that are poorly illuminated.

It is well to recognize that while an undesirable habit may have its origin in a definite cause, the habit may persist long after that cause has ceased to exist. Generally, head banging and other habits of the same pattern require no special recipe beyond the precaution that the child be in good health. These habits usually vanish with the acquisition of new and more wholesome interests as the child's mental level advances. Forced efforts at restraint are more harmful than serviceable in that they tend to accentuate the youngster's powers and supply him with an overabundance of undeserved attentions. Human beings, whether young or old, are extremely reluctant to part with an instrument that keeps them in the limelight.

Treatment of Deafness

To the Editor:—I have recently read an article in a local newspaper on rejuvenation of hearing by a new chemical treatment, the injection of liquid prostigmine. It is claimed that an appreciable improvement of hearing was shown on twenty-eight persons who were hard of hearing because the eustachian tube and passage between the middle ear and throat were blocked after five injections of this chemical. I will appreciate any further information.

P. S., Illinois.

Answer.—Prostigmine is a drug frequently used in the treatment of myasthenia gravis, a condition in which the muscles of the body gradually become weakened. Recently two physicians reported the use of prostigmine in hard of hearing patients. One of them studied a group of twenty-eight patients with acute blocking of the eustachian tube accompanied by marked deafness, and the other studied twenty-nine patients complaining of

chronic deafness. Both groups of patients also complained of tinnitus, commonly known as noises or ringing sounds in the ear. In addition to the use of the drug, catheterization of the eustachian tube and massage constituted part of the treatment in the majority of instances.

In their study, the investigators found that only the liquid form of prostigmine produced positive improvement in hearing, that it is necessary to continue treatments over long periods in chronic cases, that a few patients are not suitable candidates for the drug and that it is expecting too much to depend entirely on the use of prostigmine alone.

In all cases in which prostigmine is used, they feel all causative factors, such as sinusitis, eustachian tube catarrh and obstructions of the nose must be corrected in order to prevent relapses.

Since deafness may be brought on by many factors and since the individual response of patients to any treatment depends primarily on the type and degree of deafness present, the introduction of any new drug or treatment should not be assumed to be a panacea for all personal suffering from diminished or lost hearing ability. The good results obtained by the use of any one drug depend much on the judicious selection of patients with diseases or conditions in which the drug may be helpful.

Dancing

To the Editor:—Isn't it possible that "jitterbug" dancing incorporates sufficient sex expression to create a minor perversion among adolescents who consciously or subconsciously form the habit of partial expression of sex to the accompaniment of "hot" music?

H. N., California.

Answer.—Your question about "jitterbug" dancing is a highly complicated one, which cannot be answered conclusively.

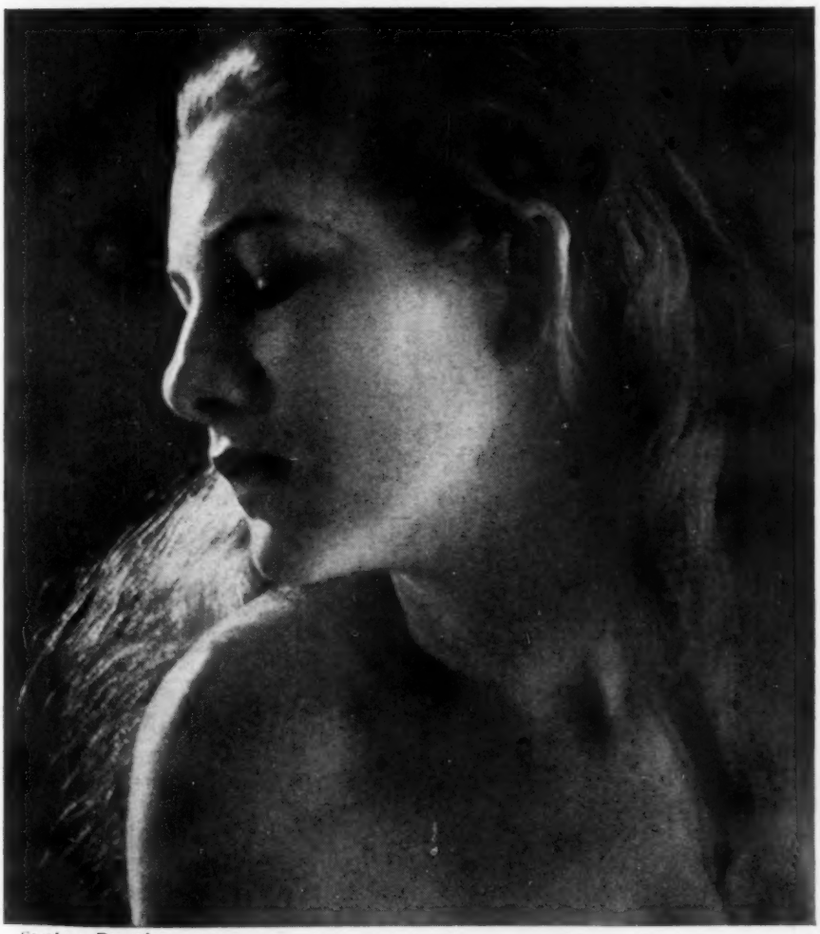
Much depends on the extent of addiction to this form of dancing. Its occasional indulgence is probably merely a passing fad. It is only persons—young or old—of unstable mentality who become excessively addicted to manifestations of this character.

There can be no question that dancing is one of the manifestations of sex. Dancing with a person of the same sex is, at best, an unsatisfactory makeshift. There are some persons who believe that all dancing is wicked. The more normal point of view seems to be that dancing is one of the minor manifestations of interest in the opposite sex and that it is a legitimate and often artistic and beautiful means of sublimating the sex instinct. That is, it is one of the channels into which sex expression can be diverted. Other channels are art or music.

Any form of dancing, from the wild voodoo dances of the savage to the rhythmic and graceful waltz, can be made sensuous or can be so regarded by the observer.

As for perversions, the definition of perversion is far narrower today than formerly. It is now recognized that many forms of sex expression formerly regarded as perversions may be normal under certain circumstances and, in fact, that the borderline between the normal and the perverted forms of sex expression is not at all sharply drawn. It is broad, vague and indefinite.

Jitterbug dancing, gambling and many other forms of modern conduct may be compared to the waves of mass hysteria known as dancing manias which swept over Europe in the middle ages during times of unrest, trouble, uncertainty, confusion and perplexity. They are escape mechanisms. They represent a flight from harsh realities, such as unemployment, financial stringency, political confusion and personal bewilderment.



Stephen Deutch

The limit to the growth of hair is determined within the hair itself.

Eye Injury During Cooking

To the Editor:—My husband is a chef working over a hot griddle. Can heat radiated from this plate injure his eyes?

M. K., California.

Answer.—It is a well known fact that men who work in steel plants

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A reprint from *Hygeia* of three articles on the promotion of dental nostrums and dentifrices. 32 pages. **10 cents.**

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where they are subject to heat emanation from hot molten metal are liable to cataract formation. This, however, occurs only after long exposure, and the intensity is much greater than that occasioned in working as a chef.

The exterior of the eyes of certain individuals is highly sensitive to heat and smoke, but this in itself causes no permanent damage to the eye. Protection goggles are available which shut out the long red rays emanating as heat waves. Such would also be a protection against the usual smoke found in this work. It would seem unlikely that any great harm would be caused to the eyes in such a position.

Bathing in Hot Water

To the Editor:—I would like your advice regarding the bath of 110 F. or higher.

A publication printed about 1912 states: "Hot baths may range as high as 110 degrees, above which it is seldom safe to use water over the whole surface of the body. Hot baths are decidedly stimulating and rapidly produce redness of the skin with quickening of the pulse and respiration. Perspiration is poured out upon the face in great abundance, the mind becomes dull and inattentive, and, if the immersion is unduly prolonged, vertigo and apoplexy may supervene."

Another book printed in 1939 has the following to say: "Do not fear the water will scald you; human bodies can well stand 110 degrees F."

L. C., Pennsylvania.

Answer.—A hot immersion bath is one in which the whole body except the head and neck is immersed in water first at a temperature of 97 F. and by the addition of water at 120 F. is quickly elevated to the point of tolerance between 102 and 110 F. The usual duration is from 3 to 10 minutes. Cold is always applied to the head. Hot baths of this character are used mainly to relieve pain in the joints in chronic rheumatism or arthritis.

A hot bath causes profuse sweating with an increased elimination of water and salts from the body. Sweating from this bath may cause a temporary loss of weight due to the loss of fluid from the body. The pulse rate is increased by a hot bath. Ordinarily in normal persons, warm baths tend to lower blood pressure. The rate of breathing is usually increased by a hot bath.

It is to be remembered that a prolonged hot immersion bath is used at times to raise a patient's temperature, or to produce artificial fever. The patient's whole body except his head is immersed in water at 110 F., which is maintained until the patient's temperature reaches a point within 1.5 degrees of the fever desired. Then the temperature of the water is gradually reduced until it corresponds to the temperature of the patient. The ordinary bath for this purpose lasts an hour, and usually the patient's fever is maintained for another hour by wrapping him in blankets and placing a few hot water bottles in the bed. This method of producing fever is only useful in diseases influenced by a comparatively short period of fever with the patient's temperature of 104 F. or below. If this method is used for higher temperatures or long periods, heat stroke is likely to occur. Because of the possible dangers involved, such hot baths should be taken only under medical supervision.

Hair Curlers

To the Editor:—Do curlers harm one's hair? If so, in what way?

R. L., New York.

Answer.—Curlers should not harm the hair. Their action is purely mechanical. But the use of alkaline curling powder or fluids is oftentimes harmful to the hair.

Alcoholism

To the Editor:—If a man drinks every night for six years or more, how long does it take for all the alcohol to leave his system?

P. M., New Jersey.

Answer.—The time necessary for alcohol to leave the system depends on the amount drunk. Elimination proceeds at a fairly constant rate. If a man drinks from 3 to 4 ounces of whiskey each night, his blood would contain about 1 mg. per cc. of alcohol. This is eliminated at the rate of about .15 mg. per cc. per hour, and in about seven hours

his blood would again be free of alcohol. If he drinks 6 to 8 ounces of whiskey, his blood would contain about 2 mg. per cc. and would not be free for some fourteen hours. Since 6 to 8 ounces bring on a loss of motor control, this is about the limit for most evening drinking.

The number of years would have no particular bearing on the situation, for in this case ten hours of each day the blood would still be free of alcohol. If a person drank 6 to 8 ounces twice a day at 12 hour periods, it is obvious that his blood then would never be free from alcohol as long as he continued drinking, no matter how short or long the habit lasted.

Ringworm

To the Editor:—An article stated that the ringworm fungus lives on disintegration products of perspiration. Has perspiration fungicidal properties?

H. B., Oklahoma.

Answer.—The ringworm fungi are spore formers and are extremely hardy. Local preparations used in the treatment of diseases caused by these fungi, generally speaking, do not kill the fungi but merely inhibit their growth and remove the organisms mechanically. This removal may be accomplished with a drug which causes an inflammatory reaction in the skin, somewhat similar to sunburn, following which the skin peels. With the peelings go the organisms, as the fungi are contained in the top layer of the skin. This may also be accomplished by an agent which dissolves the top layer of the skin; after its application, the top layer of the skin can be rubbed off, thus removing the causative organisms.

While it has been demonstrated that perspiration has slight fungicidal properties, it can be readily seen that this hardy organism cannot be injured much by this agent. Clinically, the ringworm fungus commonly causes disease chiefly on areas which are in contact and are therefore moist.

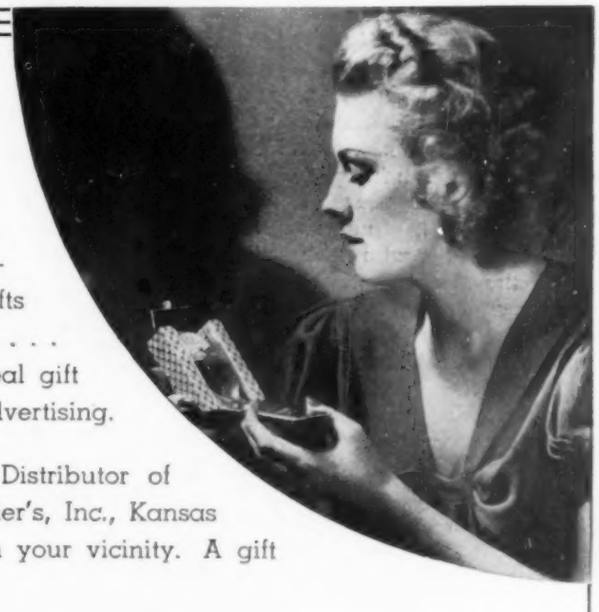
Biting the Tongue During Sleep

To the Editor:—To prevent the habitual and painful biting of the tongue during his sleep a member of my family is nightly wearing a rubber suction "teeth protector," such as prizefighters wear during a fight. Will the continual suction caused thereby have any serious effect on his teeth or gums?

W. M., California.

Answer.—Dental experience shows that it requires strong metal appliances applied over long periods of time to change the position of teeth or the shape of the mouth. It is therefore most unlikely that wearing a rubber "teeth protector" would have any particular effect on the teeth or gums. Obviously, the condition that necessitates such a device should be carefully investigated by a physician or dentist.

If you have a question relating to health, write to "Questions and Answers," HYGEIA, enclosing a three-cent stamp. Questions are submitted to recognized authorities in the several branches of medicine. Diagnoses in individual cases are not attempted nor is treatment prescribed. Anonymous letters are ignored.



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BOOKS ON HEALTH

Corrective Physical Education

By Josephine Langworthy Rathbone, Ph.D. Revised Ed. Cloth. Price, $2.50. Pp. 305. Philadelphia: W. B. Saunders Company, 1939.

This volume, intended for teachers of corrective exercises or reeducation of the handicapped, is orderly and understandable. It includes fundamentals of bodily mechanics and muscular action, neuromuscular physiology and the applications of both to standing and walking. Normal development and faulty development are treated and followed by detailed exercises for various conditions illustrated by line drawings. Possibly one of the most useful features of the book is the extended bibliography. The material is well chosen and presented, although the print is rather small for comfortable reading.

DUDLEY B. REED, M.D.

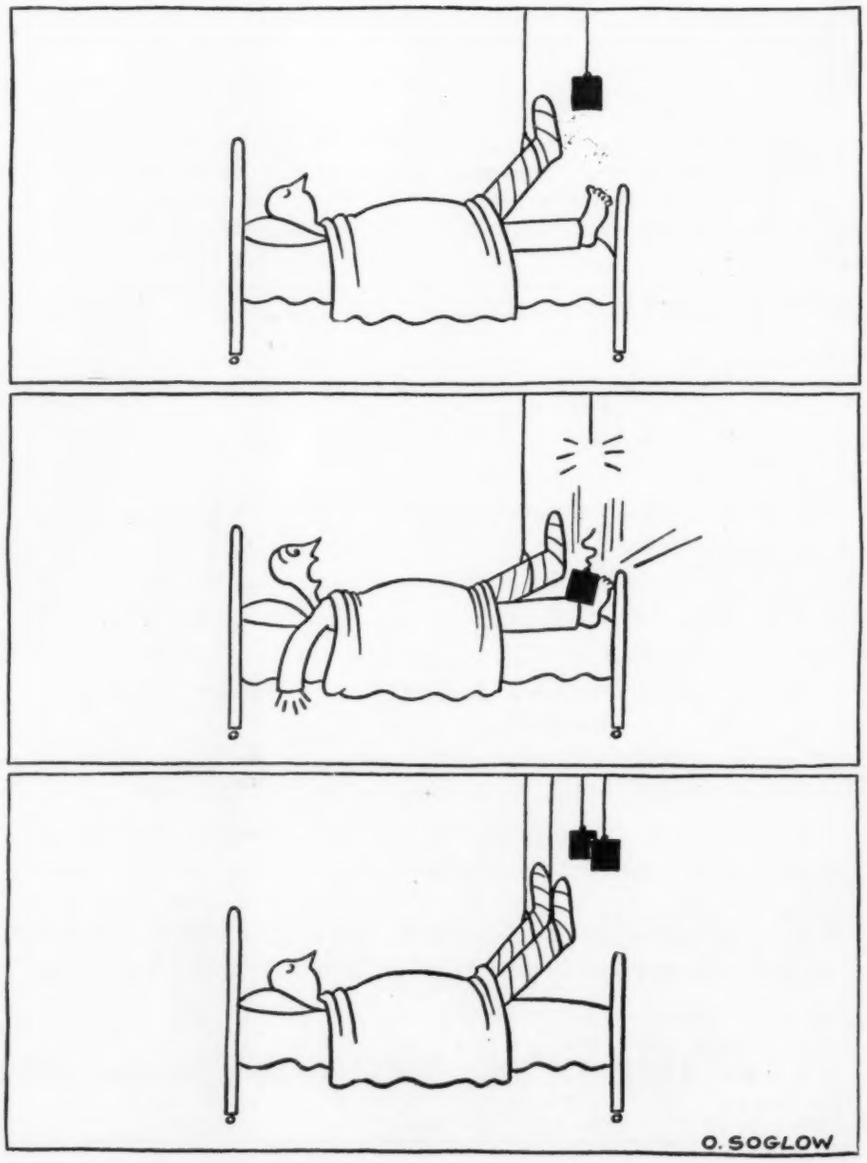
Our Sex Life

By Fritz Kahn, M.D. Cloth. Price, $6. Pp. 459. Illustrated. New York: Alfred A. Knopf, 1939.

This book is perhaps the most detailed and comprehensive book on sex life which has yet been made available for the American lay public. Unlike the contributions of Havelock Ellis, who deals primarily with the psychology of sex, this author endeavors to cover the entire field, including a general description of the sexual functions, the act of sexual intercourse, the hygiene of sex life, the problems of sterility, the disturbances of sex life, the diseases of sex life, prostitution, juvenile sex life, the sex life of unmarried people and the solution of the sex problem. Throughout the book the author deals with his different topics in considerable detail and with excellent organization. In Part I, devoted to sexual functions, there are five main divisions dealing, respectively, with man and woman, the male and female sex apparatus, the male sexual function, the sexual function of the female and the secondary sexual characteristics. This part, with its five chapters, is divided into 115 paragraphs. A similar plan of organization is followed, with similar completeness, throughout the book. The numbered paragraphs constitute one series of numbers from the first paragraph in the book to the last. The author makes use of this numbering of paragraphs in many instances to refer back to a previous discussion, thus avoiding repetition. With a few minor exceptions, such as his adherence to the superstition about menstruating women and the spoilage of food which they may handle, his presentation of facts is accurate.

The style of the book is intended to make a special appeal to the lay reader. The descriptions of sexual experiences are vivid, not to say erotic. For many readers the emphasis on the emotional aspects of sex life will be deemed undesirable, especially if the book is desired for the enlightenment of younger persons. It is, in fact, distinctly a book for the adult.

Among the outstanding features of the book are the illustrations. Most of these are inserted color plates setting forth in diagrammatic form the structure of the body and the mechanism of the functions or, in the case of the venereal diseases,



the modes of transmission and the symptomatology.

For one who desires to be completely informed about all the details of anatomy, physiology, psychology, epidemiology and ethics involved in sexual relationships this book will be informative. It will probably contain more information than the ordinary reader will ever require, and it certainly contains more than many persons ought to have. W. W. Bauer, M.D.

New Ways in Psychoanalysis

By Karen Horney, M.D. Cloth. Price, $3. Pp. 313. New York: W. W. Norton & Co., Inc., 1939.

Under the guise of an objectively critical estimation of psychoanalysis, the author indulges herself in the continuation of her polemics against Freud and so-called freudian analysis. A polemic is always difficult to review, especially when so many statements are made which belie the author's own "better knowledge." In general, Horney has come under the influence of those cultural anthropologists and sociologists who emphasize the external environmental situations which plunge the individual into conflict and minimize the internal drives and tensions which force the individual into conflict with his environment. Psychoanalysis has never denied the two-sided aspect of conflict and has never minimized the role of cultural factors in producing conflicts and shaping their solutions. Psychoanalysis has, since the time of Freud, never been guilty of overemphasizing one aspect, and in stressing cultural influences Horney's modified ideas lead her close to the moralistic subjective evaluations of the adlerian individual psychology.

Horney decries the freudian stress on the biologic origin of the instincts and their psychic representatives. She severely criticizes the organic foundation of freudian psychology, that fundamental aspect of psychology which enables us to link it firmly with biology and medicine. In its place Horney would erect a sort of mystical, pseudoreligious and ethical aspect of human striving for perfection.

The instinct theory, the Oedipus complex and the crucial early childhood experiences are criticized by Horney as unsatisfactory. Even the ego is denied as a neurotic phenomenon, and the super ego is dismissed. These concepts based on empiric experiences are replaced by a sort of dialectic manipulation of the most sterile type, the result becoming a nondynamic description of secondary reactions to the already established neurosis. That Horney ascribes fundamental significances to defenses against already established neuroses, whose origins she refuses to consider, is best seen in the chapter on anxiety.

The work is entirely unsatisfactory as an accurate portrayal of the freudian psychoanalysis, and the "newer ways" advocated are really revived old, long since cast off, descriptions of the neurotic's conflict with his environment and fail to strike at their causation or therapy. Roy R. Grinker, M.D.

Sports for the Handicapped

By George T. Stafford. Cloth. Price, $2.75. Pp. 302. New York: Prentice-Hall, Inc., 1939.

This is an unusual and timely book written by the associate professor of physical education at the University of Illinois. The author is not a physician but has contributed an excellent volume to the medical profession. The book has a most complete bibliography and reveals the author's profound knowledge of the medical, psychologic and philosophic aspects of the handicapped. Naturally, the problem of physical education and sports is handled in the most complete manner.

This is not merely a book on games and what the handicapped can do in sports. It is a treatise on the handicapped from every point of view and is based on a study of the defects found among students.

There is evidence of careful research of medical literature and years of contact with the handicapped. The medical, psychologic as well as physical problems are excellently presented.

The author states in the preface that his "aims are to present to the physical educator, the school nurse, the physician, the handicapped, the parent and all who are concerned with the education of the handicapped, a method of teaching that will motivate the atypical student to improve not only his physical condition but his outlook on life." This book has accomplished these aims. Sidney Sideman, M.D.

Woodcraft

By Bernard S. Mason. Cloth. Price, $2.75. Pp. 580. New York: A. S. Barnes & Co., 1939.

For any one interested in craft in the woods, or with woods, this is an excellent book. It is packed with information which will save the tenderfoot infinite trouble and needless hardship and may help to pull him through a tight place. It teaches him what to take on the camping trip, so that he may live in comfort and still not make himself a "pack-horse." It debunks the fiction that camping sportsmanship means submission to endless and unnecessary inconvenience or even suffering, when comfort is just as easy if you know how. It tells how to select equipment for the camp, the trail, the portage, the hike and the canoe trip. In case you get caught miles away from any source of supply, it tells how to make things from woodland materials. Campfires, tepees, tents, "wigowans"—Indian for wigwam—axes, knives, sleeping bags, blankets, ponchos, caches, shelters, bough beds, birchbark and its uses—all these and many more topics of use to the inexperienced woodsman are fully, yet briefly, discussed. At the same time, it is more than a manual; it is a stimulating book, with its touches of atmosphere and historical references to the development of the several kinds of equipment or of methods described.

In the latter part of the book are many interesting and useful descriptions of articles made from birchbark, reeds, logs, horn, feathers, branches, rawhide, buckskin, gourds, tin cans and other materials ready to hand from which attractive and useful improvisations can be made. The book is attractively bound in rough green cloth, with woodsy end-papers and numerous sketches and photographs. It is well indexed. It is a good book to read and then to keep for reference.

W. W. B.

Correcting Nervous Speech Disorders

By Mabel Farrington Gifford. Cloth. Price, $2.85. Pp. 197. New York: Prentice-Hall, Inc., 1939.

This book is directed primarily to teachers of speech. It is divided into five main parts and an appendix. Part I is a general introduction; part II sets forth the therapeutic theory on which the

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HYGEIA

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book is based; part III outlines suggested remedial technic for the classroom; part IV stresses the need for parental cooperation in the retraining of the nervous speech sufferer; part V discusses psychologic reeducation. The appendix contains model history forms and reading material which should prove of value to the teacher.

In my opinion, Mrs. Gifford errs in subdividing nervous speech disorders into several groups. Since all are forms of stuttering, to avoid confusion she might better have grouped them under the one general classification. However, the book has several good points, and the author should be commended particularly for emphasizing as a fundamental qualification of the speech teacher, a sympathetic understanding of the hypersensitive human material with which she has to deal.

Scientifically speaking, the book is of limited value for the medical man because it makes little attempt to consider basic etiologic factors. The author, although recognizing that stuttering is emotional in origin, treats the disorder symptomatically; while the physician or psychiatrist is more concerned with fundamental factors and with the rehabilitation of the personality. But Mrs. Gifford should not be criticized on this point, since at the present time our school systems do not have the necessary facilities for treating the stutterer as other than a reeducational problem. With this in mind, and evaluated in the light of a guide for teachers, "Correcting Nervous Speech Disorders" is one of the few practical books I have recently read on the subject.

JAMES SONNETT GREENE, M.D.

Principles of Health Education

By C. E. Turner. Cloth. Price, $2. Pp. 335. Boston: D. C. Heath & Co., 1939.

Health instruction in the public schools is universally considered of paramount importance in the public health program; yet relatively few well organized and effective health instruction programs have been developed. This book presents a concise though comprehensive discussion of the problems involved and a summary of the more effective methods which have been developed in this field.

A brief summary of the experimental program in health education, which was carried out under the direction of the author in the schools of Malden, Mass., presents the technic of approaching this problem as well as analyzing the instructional procedures which this study found to be most effective. This is followed by a discussion of the principles underlying health education and specific suggestions for planning an organized instructional program. The physical and emotional handicaps of school children are discussed in relation to the necessity of adapting health education to the needs of the individual child.

The relation of the school health program to medicine, nursing, physical education, personnel counseling and other special activities of the school system are considered. The importance of recognizing the part of the physician in this program is emphasized. The types of health programs best adapted to the various grades and the instructional technic for elementary, junior high and senior high schools are outlined in detail. Helpful suggestions are given concerning sources of different types of instructional material.

Valuable features of the book are the suggestions, based on experience, for coordinating the various phases of the school health program and for evaluating and measuring accomplishments. In general, this book represents a valuable tool for those engaged in health education, and as such it should have a place on the desks of physicians, nurses and teachers who are working in this field.

H. S. DIEHL, M.D.

NOTICE

Books reviewed in this section should be ordered from booksellers or direct from the publishers. They may not be secured through HYGEIA or the American Medical Association, unless published by this organization. The following list contains the addresses where the publishers may be reached:

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W. W. Norton & Co., Inc., 70 Fifth Ave., New York City.

Prentice-Hall, Inc., 70 Fifth Ave., New York City.

D. C. Heath & Co., 285 Columbus Ave., Boston.

CARTOON

The cartoon on page 1134 is reprinted through the courtesy of the *New Yorker.*

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LOUISE PRICE BELL

HOLLYWOOD HUSKY

ALMOST every cinema-minded person in the country now knows Sandy—that irresistible infant who captivated all hearts in "East Side of Heaven" and "Unexpected Father." But few people know anything about Sandy's health, and a baby's health is paramount.

Recently, Anna M. Tracy, president of the American Dietetic Association and director of food service at Florida State College for Women, was in Hollywood attending a dietetics convention. There she met and reveled in the company of Sandy—or Miss Sandra Lee Henville, to be exact.

Miss Tracy's comments about this popular baby were interesting. "She shows every evidence of what good nutrition and proper diet from birth will do for a child. She is active, but not nervous, and her even disposition and sunny temperament are due to the wisdom with which she is being reared. Sandy is the most perfect baby for her weight and age in Hollywood."

Sandy's routine is much like that of your baby and mine. She wakens with a smile at 7 o'clock, having slept the clock around with the perfect abandon seen only in a totally healthy youngster. Then comes breakfast, consisting of fruit juice (varying each day), a cooked cereal and 8 ounces of milk. Sometimes her cereal is oatmeal . . . again a wheat preparation . . . often a formula which she has eaten with relish since birth.

All morning Sandy plays in the sunny garden in back of the Henville home in Hollywood. She likes to play in sand and dirt, and her mother wisely allows her to do so—until time for her before-dinner bath. She is interrupted only once—at 10 o'clock—when she is served a glassful of fruit juice.

After her bath, Sandy has a dinner consisting of a ground round-steak patty (either broiled or sautéd), baked potatoes with plenty of butter, a sieved green vegetable, stewed pears, peaches or apples. Occasionally a lamb patty replaces the beef and once in a while broiled fish. Then comes nap time, and for two hours or more little Sandy sleeps, often outdoors where she may get full benefit of the fresh air, since California weather is warm enough to permit this.

At 3:30 Sandy is again happy, for she has a graham cracker and some milk—her favorite foods. At 6 o'clock her supper consists of a soft boiled or coddled egg, a chopped green vegetable, gelatin or pudding and milk. Then it's time for bed.

No one at home ever makes a fuss over Sandy; that's just in the moving picture. If she dawdles with her food, it is taken from her, and the matter is treated casually. She consumes a quart of milk every day, 2 teaspoonfuls of cod liver oil and plenty of water.

When working in a picture, the periods are very short, and her schedule is not interfered with in any way. Her parents are extremely careful about that; they have reared her too well to the age of 20 months to allow anything to upset her health program, you may be sure of that. And every action of Sandy's 23 pounds demonstrates that her health background is sound.

DISCIPLINE and OBEDIENCE

By WILLIAM I. FISHBEIN

MANY parents exact obedience from their children as their whims dictate and excuse disobedience only according to their own feelings at the instant. There are other parents who expect instant and unquestioning obedience from their children and still a third group who believe that the most important thing for their children to learn is to make intelligent decisions and to "express themselves." Obedience to them has little place in child care and should never be expected. Their children run free, are usually "wild," mischievous and uncontrolled.

Extreme views are seldom correct in child care. Neither of the extremes of discipline mentioned is desirable. The child should not be expected to obey instantly and unquestioningly, nor should he be uncontrolled. Some form of obedience must be learned early in life for, with increasing age, there must come obedience to society at large, the state, the church or to the dictates of convention.

The child who gets the idea that he need only obey his impulses soon finds himself in many difficulties. He may wish to live without eating certain necessary foods, and impaired health soon results. He may snatch toys away from or strike other children. He soon will be left to play alone.

This so-called "self expression" does not give the child freedom or make him independent or teach him to think clearly; rather, it puts him under the control of his own whims. His behavior quickly becomes antisocial, and he develops into an unhappy child.

A child who always does what is requested of him does not develop initiative, a sense of curiosity or a spirit of persistence. It is true that if sufficiently trained in being docile, he will do anything he is told. He soon learns to depend on the judgment of others rather than to make his own decisions. He is unable to think for himself. He will do as nearly as he can whatever he is told to do by any one.

Occasionally, instead of becoming docile, children trained in this way develop in the opposite direction. They become sullen or resentful and react to directions by pouting and sulking. On the surface they may be obedient, but within there is a stubborn resistance. Such children are liable to become deceitful.

Still other children of whom unquestioning obedience is demanded may openly rebel and develop a negative attitude toward all authority. They lose their temper easily when given orders. They cannot stand to be "bossed." They are against everything.

No individual can do as he pleases. He must constantly make adjustments to life. Hence, every child should learn early that he must obey the commands of his parents, while parents must be sure they give only commands they expect to be carried out. It is a good principle not to expect obedience to commands for which the child does not fully understand the reason. On the other hand, children may learn that if parents are always ready to explain their reasons, they can be side-tracked by a bombardment of questions. The child should not be allowed to sidestep obedience in this way.

H. Armstrong Roberts

Above all, it is important that parents be consistent in the things they request.

There are certain commands which must be obeyed instantly for the sake of safety. There are also certain occasions when the reasons behind a given command may be beyond the child's comprehension. Therefore, the habit of obedience must be formed. It can be a good habit if the authority is reasonably consistent and interested in the child's ultimate welfare.

Before giving any commands, parents should make sure that the child is listening, and the command should be phrased in language that the youngster can understand. Too many commands should not be given at once. Two or three simple orders are about as many as can be remembered and executed by a child of 5.

Above all, it is important that parents be consistent in the things they request of their children. A child should not be told to do one thing today and something different tomorrow. Parents should be reasonable in what they demand of the youngster but then must see to it that the commands are fully carried out.

Either punishment or commands given in anger are unwise. Threats or bribes as means of gaining obedience usually result badly.

Effective discipline will be established when parents and children live harmoniously. Parental requests should be firm but reasonable. The child expects to obey until he discovers that it is unnecessary. Once given a chance to disobey, he will exploit his freedom to the limit. It is better not to make a request at all than not to have it carried out. Certainly, no request should be made if there is not a reasonable chance of its being executed. Every effort should be made to have the child feel that his interests are identical with those of his parents. Then he will realize that it is for his own good to obey reasonable requests. No argument on the part of the child should change the parent's decision, if the decision was absolutely right in the first place.

Children respond readily to explanation, kindness and sympathy. If from the start the proper attitude is taken by the parent toward the child, if he is treated as an equal and obedience is expected, there will be no need for punishment and discipline in order to secure obedience later in life. This ideal situation occurs but rarely, so that

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praise and punishment do become necessary as means of motivating behavior.

Praise encourages the child to certain activities. It aids in giving him confidence. If praise is given in general terms, it signifies approval without directing activities into any definite channel.

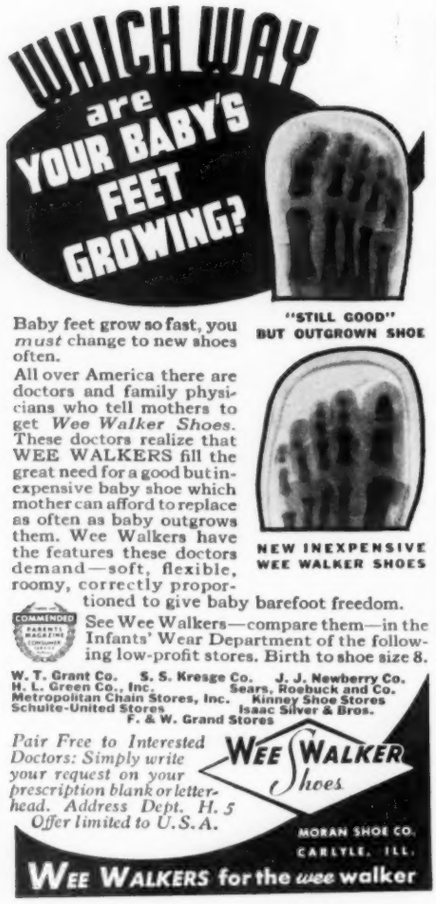
Too much praise can make the child self complacent and lazy. Emphasis should be put on proper behavior rather than on misdeeds. Hence, nagging about mistakes should be avoided, while proper behavior should be noted and praised.

Too frequent praise soon loses its value, as do also too frequent rewards. The child who is told that he will be given something for performing a duty is being bribed. This, too, should be avoided. The child should never be told beforehand that he will be rewarded for good behavior; but the unexpected conferring of a privilege or of a gift after the accomplishment of some activity is commendable. The greatest reward to the child should be the satisfaction which he obtains from doing something well, and this is enhanced by praise properly bestowed.

Punishment should be prompt and directed toward the specific misdeed. It should not be too severe but rather should be in proportion to the misbehavior. The child should understand why he is being punished so that he may avoid the same objectionable behavior in the future.

Punishment should not be permitted to affect the child's routine in regard to his food, sleep, play, school or rest.

Corporal punishment tends to develop resentment and misunderstanding. It may cause the child to fear his parents and make him lose his confidence in them. There is rarely need for intelligent parents to resort to corporal punishment. Depriving the child of some pleasure or of some object he treasures may impress some children sufficiently so that it may be used as a means of punishment. But, delayed punishment often loses its effectiveness. Correcting commands will often be sufficient to serve the purpose, if the proper tone of voice is employed. Reasoning with the child at his own level of intelligence, calmly and without any heated discussion will often solve the problem.



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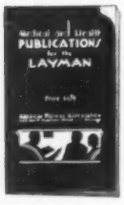

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Bacterial Endocarditis

Subacute and acute bacterial endocarditis (inflammation of the lining of the heart) is a condition which is almost invariably fatal. Reports of two independent groups of medical workers in *The Journal* of the American Medical Association, however, indicate that heparin, a substance which prevents the blood from coagulating or clotting, together with sulfapyridine, a derivative of sulfanilamide, which inhibits the growth of bacteria, may prove of benefit in this condition.

Air Movement Should Be Variable

For a pleasant and invigorating environment, air movement should be variable rather than uniform and monotonous, T. Bedford and C. G. Warner point out in the *Journal of Hygiene*.

Air movement regulated by many mechanical ventilating systems tends to be monotonous, they declare. In mechanical installations the air inlets should be so designed, and the velocity of discharge so arranged, that suitable eddying currents are set up. When ventilation is obtained through open windows, the air movement is likely to be variable.

The average temperature of the walls and other solid surroundings, the authors say, should not be appreciably lower than that of the air, as the combination of cold walls and warm air often causes a feeling of stuffiness. The air at head level should not be distinctly warmer than that near the floor, and the heads of the occupants should not be exposed to excessive radiant heat.

A room should be as cool as is compatible with comfort. The relative humidity of the air should be kept reasonably low.

Lip Ailment Successfully Treated

Cheilitis, which involves macerated, split, shiny, red and scaly lips, is a disease due to dietary deficiency. A report in *The Journal* of the American Medical Association points out that it can be treated beneficially with riboflavin, a yellow pigment found in the vitamin B complex.

Indian Hospital

(**Continued from page 1113**)

Of the others one is located in South Dakota, two in Oklahoma. "Why should the Navajo reservation rate such a marvelous hospital?" I wondered.

"Because this is the largest of all Indian reservations," I was informed. "The population has increased from 9,000 to 45,000 in the last seventy years, and one base hospital, no matter how modern and scientific it may be, is little enough to take care of the urgent needs of nearly 50,000 souls."

The hospital is free, but some time in the future, patients may be charged for treatment. And if you imagine that few can pay, consider that Chee Dodge, the last of the Navajo war chiefs, is reputed to be worth in the neighborhood of $300,000; that Mrs. Black Sheep, who speaks no English, owns one of the largest flocks of sheep on the reservation, and that many others of the Navajo are well-to-do. In fact, the people as a whole are independent and self supporting and are proud of it.

Still I was not wholly convinced that the Indians were accepting the hospital as a part of their modern way of living. It seemed to me that an Indian would submit to treatment only in case of direst necessity and then not of his own volition. But I learned that as long ago as three years before the new base hospital was built, the Navajo had undergone 2,174 operations at the smaller and far less fully equipped hospitals on the reservation. Of these, seventy were major operations and included appendectomies and removals of gallbladders and thyroid glands. Thus the difficult work of interesting and encouraging the people was already a thing of the past. They were used to hospitals.

Chee Dodge has had a lot to do with inspiring confidence in the hospital. I mentioned him before as a wealthy man; he is also a man who is a firm believer in progress. This fine old chief—he is past 80—was himself a patient at the base hospital at the time of its dedication. He left his sickroom and supervised the ceremonies of the medicine men from a wheelchair.

Herb infusions were the most common medicine in Chee Dodge's youth. Surgery was practically unheard of, save that occasionally a wound would be cut open and sucked. In the more serious afflictions there was nothing to do but rely on the numerous medicine men who treated everything almost entirely by the use of fetishes, prayers and incantations.

While I was at Fort Defiance I read these words of Agency Superintendent E. R. Fryer, spoken at the formal opening of the building:

"May the door of this hospital be open day and night for the healing of the sick. May it be used for teaching the sick to reclaim their health and the well to maintain theirs. May it be used to train doctors, nurses, and other health workers to render increasingly better health service.

"May it be a research center where new discoveries will be made in the fields of curative and preventive medicine. May whatever staff is privileged to serve here be imbued always by the highest professional and humanitarian ideals."

The Navajo put their prayers for long and healthful life into more poetic words than this, but it seemed to me, as I looked at the shining tiled walls, the efficient equipment and the smiling doctors and turned to see happy mothers and fathers and healthy children, that Superintendent Fryer's words expressed the combined prayer of red men and white, united in the cause of health.

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MEDICINE IN THE NEWS

"GOOD afternoon. This is the American Medical Association . . ." Thus, the inaugural program of the new series of broacasts which are sponsored by the American Medical Association and the National Broadcasting Company was introduced November 2 on the coast-to-coast hookup of the Blue network. And thus, every program will open each Thursday afternoon at 3:30 Central standard time.

"Medicine in the News," as this year's series is known, brings a dramatic presentation of the happenings of importance in the medical world. Unique in every respect, only the American Medical Association can authoritatively present "what's new" on the medical front. Through their ability to tap the reservoir of medical research and through the facilities of this program, they can keep the public informed of the latest advances in medicine.

The first program, November 2, briefly depicted the historic high spots of important discoveries in the field of medicine—the circulation of the blood, vaccination for smallpox, the discovery and use of anesthesia, the founding of the American Medical Association, the discovery of the existence of bacteria, antitoxin for diphtheria, the x-ray, insulin for diabetes and the liver treatment for pernicious anemia. By this means, the stage was set, the back-drops of medical history placed for news of contemporary contributions to the welfare of mankind.

Then the story of a young woman was dramatized; she was suffering from a rare acute inflammation of the lining membrane of the heart. She was slowly declining, despite everything that had been done for her. And then, according to the story, the doctor read a technical article in *The Journal* of the American Medical Association, which described a few other cases like hers in which a new and admittedly experimental treatment had met with some success. Determined to leave no stone unturned, this was tried on his patient. That turned the tide. The girl began to improve, and several weeks later she was sent home apparently cured—at least as far as any physician could tell. And so, medical science advances!

Each week there will be spot news flashes which will tally the progress of medicine as reflected in current medical publications, so the public may keep abreast of what this profession is doing to cure the ails and treat the ills of all of us.

Another weekly feature is a timely question—to be answered on the following week's program. For instance, on the first show, young Dave was lamenting that his team's football game had been called off because they were holding a horse show just before the game on their field. What difference did that make? he wanted to know. So on the next program, he found out: If one of them were bruised or scratched, the germs of lockjaw or tetanus, lingering on the field after their friends the horses, might invade at the site of the wound and cause lockjaw.

These questions will be taken directly from the correspondence of the Bureau of Health Education, which receives about 300 such questions every week, many of them subsequently published in HYGEIA. Listeners may send in questions, but, like all others, these will be answered only if they do not involve diagnosis, treatment or any information which requires a personal knowledge of the condition of the patient.

Owing to the "spot" character of the programs, it will not be possible to announce topics in advance in HYGEIA. Local newspaper radio announcements should be watched for the title "Medicine in the News" or the name of the American Medical Association or for other listings such as "Health Program," "Medical News" and similar titles.

While the program is being carried on the Blue network of the National Broadcasting Company, we have no means of knowing which stations in particular are carrying this program. Evidence of interest in the community may influence local stations to carry the program.

Northwestern University

A question was asked pertaining to the advisability of holding a certain football game.

Ewing Galloway

CHRISTMAS VACATION

By J. MACE ANDRESS

THE Christmas spirit is in the air. You can feel it on all sides. The shops filled with toys and beautiful gifts fairly shout at you to buy and give. Everything proclaims the coming festival. Churches and schools make plans for a brilliant celebration.

To childhood and youth, Christmas means a good time—giving and getting presents, good things to eat, parties, dancing and all the life and color that is usually associated with the greatest festival of the year.

Naturally the school will share in this Christmas spirit. The class and school activities will keep the idea of Christmas uppermost and contribute to the joy of the season. Christmas also involves some hygienic problems.

Too frequently parents and children violate with impunity almost every known law of health. Overeating, the eating of improper foods, overfatigue, lack of sleep, colds and other major and minor complaints are common. Even before the holiday season is over, the doctor begins his rounds. The long list of absentees from school after Christmas is familiar.

December, one of the most unhygienic months of the year, should challenge the special efforts of the teacher. Probably she can best help to promote healthy living by working with the real spirit of Christmas rather than against it. The first strategic point of attack is in the school itself. The good teacher will try to influence the personal life of children so they will actually live more hygienically in the school in those days preceding Christmas.

What information and training should children get in the school which will be conducive to health? This will depend on the age of the pupils, what they already know and the habits they have formed. Some teachers will find it advantageous to discuss with their pupils the technic of having a good time. Bring into the foreground the need of health to have a good time. Pupils may recall previous vacations that were spoiled because of illness or accident.

The week or ten days preceding the vacation are likely to be strenuous. Teachers may try to avoid overstimulation. One class discussed the need of sleep and finally decided to write their parents letters asking them to help them get to bed at the proper time. Many teachers take the opportunity to discuss with their classes the cause and prevention of accidents that may happen at home, school and on the street.

Hygiene is too often distasteful to children because it involves a long series of "don'ts." The Christmas health teaching may avoid much of this by laying its emphasis on doing for others and having a good time. It is easy to show that a better time is possible if one keeps his digestion in good shape, gets enough sleep and exerts care and caution.

One teacher temporarily turned her school into a Christmas Good Time Club. They talked about books to read, stories to tell, music to play, songs to sing and interesting historical places to visit. Health was brought in incidentally but effectively. Christmas was thus hitched to politeness, good will, health habits and fun making to the genuine satisfaction of all the boys and girls!

"Guard Your Health"—*A Play*

By HELEN M. SMITH
and EFFIE G. BATHURST

Healthful habits, ideas and attitudes may be encouraged through the creative activities of a play written and acted in by pupils. This is the story of how such a play was worked out in the Santa Barbara High School in California where Miss Smith teaches social studies. Miss Bathurst is a research associate at Teachers College, Columbia University.

THE main problem in building a school program on health is to keep it vital and sincere. When pupils participate in interesting activities and plan and follow healthful daily routines, they get experience to draw on, and the ideas they put into their program are those that add to joy in living.

In class discussion children can select and organize the facts which mean most to them, plan ways of presentation and appoint individuals to take part. That is the way the following series of conversations, or the "play," as most of the pupils considered it, was planned. The value of such a program lies in the amount of originality and creativeness which the children put into it.

"Guard Your Health"

ANNOUNCER: The 8 A's of the Santa Barbara Junior High School present *"Guard Your Health,"* a group of conversations regarding the health of Ann Sherwood, a junior high school girl, who has been doing unsatisfactory work in school.

The Cast: Ann Sherwood (girl)—*Kathleen Seery*
Mrs. Sherwood (her mother)—*Olga Tunger*
Dr. O'Brien (the family doctor)—*Jack Sandburg*
Miss Leroy (the dietitian)—*Ruth Forsyth*
Miss Wilson (his nurse)—*Sophie Wilson*
Dr. Yee (heart and lung specialist)—*William Yee*
Miss Trent (his nurse)—*Helen Patarak*
Dr. Allen (ear, eye, nose and throat specialist)—*Ruben Banuelos*
Miss Green (his nurse)—*Joy Tuple*
Miss Taylor (physical therapist)—*Tressie de Bortoli*
Dr. Robles (dentist)—*Arnold Robles*
Dental Assistant—*Betty Champman*
Dr. Findley (health officer)—*Bob Wright*

The Place: The Santa Barbara Clinic where Ann's mother has taken her to be examined.

Scene I. Dr. O'Brien's office.
Scene II. Dr. Yee's office.
Scene III. Dr. Robles' office.
Scene IV. Dr. Allen's office.
Scene V. Dr. O'Brien's office.

SCENE I

DR. O'BRIEN: How do you do, Mrs. Sherwood?

MRS. SHERWOOD: Good afternoon, Dr. O'Brien.

DR. O'BRIEN: What can I do for you?

MRS. SHERWOOD: I want to have my daughter Ann thoroughly examined.

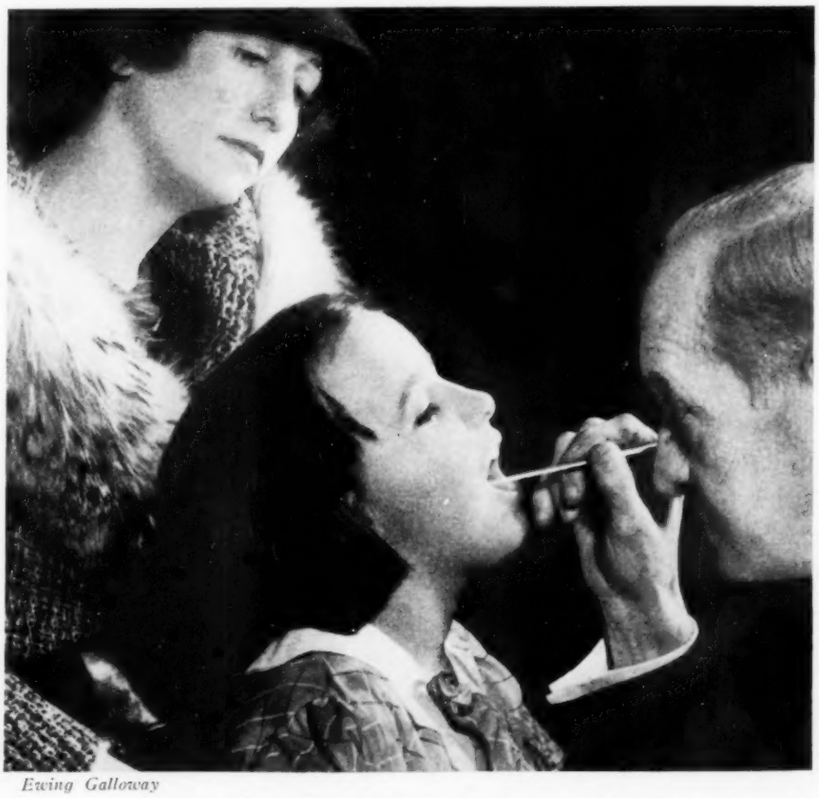
DR. O'BRIEN: What's your trouble young lady?

ANN: I don't know. I don't feel like eating or playing, and I don't sleep well. The teacher says that I should be examined because I am underweight and I don't eat the right foods. My grades are not as good as they should be.

DR. O'BRIEN: Let's find out how much you do weigh. Step right on these scales. . . . You don't weigh as much as you should. What has she been eating, Mrs. Sherwood?

MRS. SHERWOOD: She eats whatever her father and I eat.

DR. O'BRIEN: Tell me what you ate for breakfast, lunch and dinner yesterday, Ann.



Ewing Galloway

The children's play was based on a real situation such as this.

ANN: For breakfast I had a bowl of mush, a piece of toast, a cup of coffee. For lunch I had a ham sandwich, a bottle of soda pop and some candy. For supper I had a pork chop, some fried potatoes, a piece of apple pie and a piece of cheese.

DR. O'BRIEN: You're eating enough, Ann, but these meals you had yesterday are poorly balanced ones. Mrs. Sherwood, I'll call one of my nurses who is a dietitian. She can tell you what foods Ann needs to help her gain weight and to grow strong and healthy. You ought to drink milk, Ann, and not coffee, which contains caffeine. Caffeine sometimes causes toxic insomnia and is probably keeping you awake nights.

MRS. SHERWOOD: I've always given Ann coffee, and she seems to like it; but I'll buy milk for her.

DR. O'BRIEN *(Steps to door and calls):* Miss Leroy, will you come here a moment? Mrs. Sherwood, this is Miss Leroy, our dietitian, and this is Ann, Miss Leroy. We've been talking about Ann's meals and want you to tell Mrs. Sherwood about a well balanced diet for a growing child.

MISS LEROY: A well balanced diet is one which contains all the food groups: proteins, carbohydrates, fats, minerals and vitamins. *(She then explains in detail what each does for the body.)*

MRS. SHERWOOD: Ann complains that her heart beats very fast sometimes.

DR. O'BRIEN *(Listens to heart with stethoscope):* It sounds normal to me, but I'll call Dr. Yee, our heart and lung specialist. *(Picks up receiver.)* Dr. Yee's office, please. *(Waits.)* This is Dr. O'Brien. May I speak to Dr. Yee? . . . Have you time to see a patient of mine now? . . . We'll come at once.

CURTAIN

SCENE II—Dr. Yee's Office

DR. YEE: Hello, Dr. O'Brien.

DR. O'BRIEN: Mrs. Sherwood, this is Dr. Yee, and this is Ann, her daughter. Dr. Yee, I want you to check this young lady's heartbeat.

DR. YEE *(Getting stethoscope):* Now just let me listen to your heart for a minute. *(Listens.)* You have a good strong heart. Let me listen to your chest and lungs. *(Taps chest.)*

ANN: What are you hitting me for?

DR. YEE: The right side sounds fine. I'm listening for chest disorders or spots of infection. *(Taps left side and back.)* The only advice I want to give you is this: You must get plenty of rest, Ann. Your heart beats very fast when you overwork it.

ANN: I'll try to rest more often, Dr. Yee. *(Miss Trent enters.)*

MISS TRENT: Dr. Yee, there is a patient waiting for you in Room B.

DR. YEE: Mrs. Sherwood, this is Miss Trent, my nurse. Excuse me please, while I see my next patient. Oh, this is Ann, our patient.

MISS TRENT: I see Ann has had a tuberculin test.

MRS. SHERWOOD: I am afraid of tuberculosis, because it is incurable.

MISS TRENT: No, Mrs. Sherwood, tuberculosis can be cured if it is discovered in time and treated scientifically.

MRS. SHERWOOD: This test reacted negatively. Does this mean that Ann will never have tuberculosis?

MISS TRENT: No, it merely means that Ann does not have it now.

DR. O'BRIEN: And now, I want Dr. Robles to look at Ann's teeth. I think we had better go there now.

MRS. SHERWOOD: Goodby, Miss Trent. Thank you for all the information.

ANN: Goodby.

Next month "Guard Your Health" will contain Ann's conversation with a physical therapist and a skin specialist in Dr. O'Brien's office, where Ann and her mother have gone to learn the results of the examination.

Helping Hard of Hearing Pupils

By LOUISE M. NEUSCHUTZ

Democracy and common sense demand that every child, regardless of his handicaps, shall have a fair chance. In this article an expert in lip reading offers classroom teachers some practical suggestions. It may help you to do more for your hard of hearing pupils.

"MARY is 10 years old and in the fifth grade. She is doing well in school, even though her hearing is defective. Her mother, a widow with four children, recognizes the fact that Mary needs more attention and each year notifies her teachers, who show great consideration for her. Mary's hearing became impaired through mastoid trouble at the age of 4. Although she is getting along well in school, her mother realizes that she needs lip reading instruction and appealed to the Boston Guild for the Hard of Hearing for assistance. Unfortunately, the school system which Mary attends does not provide instruction in lip reading, and the school authorities have refused to pay the necessary charges which would make it possible for the little girl to attend classes in another city where she would be accepted as a pupil. The state cannot enter into the matter, but the workers of the Boston Guild are not resting the case until provision has been made for Mary to have the necessary instruction in lip reading."

As will be readily seen from this story, merely one in untold thousands, the hard of hearing child in the regular classroom presents a threefold problem. In the first place, school officials in smaller communities are often unwilling to extend the required help to the pupil with defective hearing; second, the class teacher, well meaning though she may be, frequently lacks the needed training or initiative to give instruction in lip reading to isolated cases, and third, many parents themselves have not the slightest conception as to how they may facilitate matters for their hard of hearing child. Yet, acquiring a public school education depends to a large extent on what the ear can hear. And if the ear cannot be fully relied on to do its share of work efficiently, it ought to be made clear to every one concerned that the eyes and mind must be trained and sharpened to come to the aid of the impaired organ of hearing. It is high time that educators and parents be brought to the clear realization of these facts.

Not every school system in the United States, to be sure, owns or has access to an audiometer to test

Boston Guild for the Hard of Hearing

the hearing of its pupils; hence, many a case of hearing impairment may, for a time, go undetected, and a boy's or a girl's "slowness" in learning may thus be ascribed to "dulness." In this era of health teaching, however, early detection of hearing impairment even without audiometer tests is not difficult. Grade teachers can do much to single out hard of hearing children by alertness in observing their traits. The "earmarks" of defective hearing are "common to the race," so to speak. At least some of these will be found:

Turning the better ear forward toward the speaker.

Asking to have words or sentences repeated.

Giving wrong answers or failing to carry out instructions.

Inattention or absent-mindedness.

Not responding to questions.

Defective speech.

Monotony of voice.

Failing in subjects that require good hearing for success.

Shyness and sensitiveness.

Running discharge or moisture (often odorous) in the outer ear canal.

Pain or itching in or about the ears.

Diseased tonsils or enlarged adenoids.

Head noises.

Prolonged head colds.

Dulness or blocked feeling in the ear.

Pupils that manifest any of these symptoms ought to be referred without delay to an ear doctor for examination. The parents' attention, too, should immediately be drawn to a child's defect in hearing. Prompt detection and treatment of ear disease will save him from a future life of failure and misery. It is not enough, as will be seen, just to discover such cases; every effort must be made at the same time to have the defect in hearing improved or cured.

As will be noted in the story at the beginning of this article, reference is made twice to Mary's "doing well in school," despite her lack of normal hearing. The explanation for this is found in the fact that the little girl unconsciously reads the lips of her teachers. Most persons have a latent gift for lip reading which is brought to the fore by a lessened ability to hear. Lack of training on the teacher's part to instruct the child in this subject apparently has not kept her behind in her school work. Such training is, of course, of advantage; but where, for some reason or other it cannot be obtained, intelligent understanding on part of the teacher of the problems faced by an acoustically handicapped pupil may be of vast help to him in the classroom.

A front seat near the window is almost a prerequisite. The face of the teacher should be in the light, so that the hard of hearing pupil can watch her lips. To speak as naturally as possible, moreover, avoiding exaggerated lip movements is the best way to help him. Word for word utterance is to be avoided. Eyes and mind cannot take in particles of speech; the lip reader must have a full sentence in view before he will be able to get at the context. Shouting and gesticulating will only serve to upset him, and he won't be able to understand anything at all.

In case a sentence is hard to read from the lips, its phrasing might be changed, thus making it easier to see. Fully one third of the speech sounds are formed inside of the throat and are not visible on the lips. They must be gleaned from the context as a whole. Proper names, too, have their difficulties. They are best written out for the pupil, if he is unable to understand them. In this manner the hard of hearing child is given opportunity to take part in the lessons without an unconquerable feeling of defeat and is enabled to retain his place in the class.

The trained and experienced teacher of lip reading in the public schools is still the exception rather than the rule. Hence, the grade teacher can do much to relieve the situation by intelligent cooperation with the hard of hearing pupil whose impairment is not serious enough to warrant transfer to a special school or class. With sympathy and understanding of his difficulties such a pupil is certain to prove an asset rather than a liability to the teacher and the school which he attends.

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New Motivations in Teaching

By JEAN V. LATIMER

Motivation in teaching health is fundamentally important. This forms the basis for the last contribution of Miss Latimer's series which has described her visits to various schools throughout her state. She is Coordinator of Health Education, in the division of child hygiene, Massachusetts Department of Public Health.

ALL health educators realize that in order for health teaching to carry over into actual behavior, the child must be motivated actually to want to carry out the health practices desired. Therefore, to be successful, health teaching must arouse interest and must produce an emotional attitude of satisfaction in the child.

In the early days of the modern health education movement, which really dates back to the years immediately following the last World War, teachers used many extrinsic appeals, and in many instances they were overdone. Today, however, plays, pageants, competitions or awards are not in themselves so prevalent.

As I go from classroom to classroom, I am interested to see just what changes have occurred in the teachers' motivations for health education. Instead of simply demonstrating the health device by itself we now find the teacher appealing to the child's natural interests. The problem is not so much that of making health interesting to children as of tapping what natural interests the children already have and in teaching health in relation to such natural interests.

First, teachers are studying the growth and development of children; second, they are studying how children learn. They are directing their energies toward an investigation of the child's behavior and then developing the environments which are stimulating for him to behave in the desired way.

Since children are interested in their own growth, I find many teachers still carrying on classroom weighing and measuring each month—not only as one of the indexes of health but also for arousing the interest of the children in the habits of health which are associated with regularity of growth.

I found Miss Jones, a fifth grade teacher, having each child keep an individual graph of his increase in height and weight. During the month of February Mary White lost two pounds. On her graph, Mary had written the following explanation: "I had a cold, and I didn't take care of it. It grew very bad, and I had to stay in bed a week. I guess that kept me from gaining as I should."

In the same classroom one boy said that he thought he might make his graph record go up if he got more sleep. "Though I do like to sit up with Dad and get those long-distance radio stations, I guess I will have to go to bed earlier," he told me.

In this classroom there was also some group competition. For example, the children were taking great pride in having a group dental improvement record, which showed that they were one of the best rooms, not only in their building but in their town. The school principal said, "I use group competition only when it is possible for the child to make some health improvement and when there are facilities for the correction of defects. We are near Boston and have the facilities of the Forsyth Dental Clinic for the correction of many of the children's dental defects. Therefore we are not afraid to use group competition."

Children's natural interest in growth is also being taken advantage of by having them watch and discuss the habits of favorite pets. "My dog always coils up and rests," observed a slender little second grade girl, "after he has his dinner." Her teacher immediately answered, "Maybe you should rest, too, Nancy, after you eat."

We are also encouraging nutrition demonstrations in schools throughout the state; the feeding of rats, which are being used in connection with general science, furnishes positive proof in these experiments. This tendency to teach general science in the elementary grades is

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one of the most encouraging signs we have in the present elementary curriculum. The appeal to curiosity—the endless questions of children and their quest for information about their environments—offers many opportunities not only for arousing an interest in the basic foundations on which health is built but for planting the beginning of what we term "the scientific attitude."

There seems to be an increasing use of textbooks which have to do with science. In the summer course which we have conducted for teachers, several members of the class reviewed some of these textbooks and reported on the growing attention given to their health content.

One teacher told about a science club which she had started in her sixth grade called "The How and Why Club." In this connection, in order to explain the common cold, she had developed simple experiments which had to do with yeast, molds and harmless bacteria so that the children might have a beginning understanding of bacterial actions in certain diseases.

Teachers are still realizing the effectiveness of teaching health education through many appeals. The child's natural interests in manipulation and construction are still being utilized in the elementary grades. For example, making and using the grocery store as a life situation is repeatedly used in the third grade for the integration of many health teaching values.

I find that plays and pageants are used more advantageously today than in former years. Instead of desultory activities, they are now often used as culminative features—as the expressions of something which children have learned in some unit of health study. For example, in the western part of the state I found a class of sixth grade children giving a lovely pageant on "How Children of Other Lands Dress." For "Parents' Day" this class had a puppet show on clothing in relation to the four seasons of the year. It was put on at the end of a "core learning" of the unit which they had studied on "Clothing in Relation to Health." This health unit had been organized specifically as a core learning within the larger comprehensive social studies unit on clothing.

Thus the activity program in health education—in which the health areas are selected in terms of interests, needs and abilities of children—is making it possible to use health teaching not as a thing apart from the general curriculum but as an integral phase of the entire school program. Which of course means that teachers are using the same educational psychology for the teaching of health as for that of any other phase of learning.

The unit method of teaching health, if used properly, would seem to have within it all the intrinsic motivations necessary for teaching health.

To Contributors:—*The editor of the School and Health Department will be pleased to receive articles dealing with the actual solution of concrete and practical health education problems in the school. Contributions on general theory are not solicited. Articles must not exceed 1,000 words in length and must be typewritten double spaced. Stamps should accompany manuscripts to insure their return if rejected. All articles accepted will be paid for at regular rates. Address J. Mace Andress, editor of School and Health Department of* HYGEIA, *67 Clyde St., Newtonville, Mass.*

INSECTICIDES REQUIRE CAREFUL HANDLING

Insecticides such as those sprayed with a spray gun are toxic and irritating to the skin, unless great care is exerted in using them, according to a warning published recently in the U. S. Public Health reports.

Directions on the cans usually only hint that the product is toxic by stating that it is harmless if used according to directions, the article points out. "The emphasis in such a statement," it says, "is in direct contrast to the emphasis contained on poison labels of other poisons such as iodine, phenol and the like, which are also harmless if used according to directions.

"In spraying these substances protective clothing should be worn, the face and other portions of the skin should be exposed as little as possible to their action, and the containers should be kept away from articles of food and out of the reach of children."

CHILDHOOD FEARS (Continued from page 1094)

When asked what was wrong, Johnny simply said, "Ginger," and began to cry. He refused to go to school. He did not want another dog, he assured us, for while Ginger was admittedly a mongrel, he was still the only dog the boy respected. "All other dogs bark and bite." Johnny felt unhappy and forsaken. Dad and Mother were all right in their way but not like Ginger, by far.

Each of the cases here cited represents a type of fear based on a distinct underlying cause. Yet they all have one common factor that makes them vulnerable to emotional imbalance. They are so constituted that reality frightens them. With the exception of Mr. Wells, they are children of an age at which remedial efforts have thus far been successful. At least, they have abandoned their original fears.

The little fellow who, because of his asserted fear of steps in his own home, was forced to sleep in the living room, undoubtedly started out on the basis of sudden fright, which he associated with the mild injury and its accompanying pain. In time, however, the problem became the all-absorbing topic for discussion, in which all relatives participated freely. Friends who did not believe it possible were invited to see the phenomenon with their own eyes. The doctor, who refused to be witness to this silly spectacle, was denounced as uninterested.

It took about two weeks of indifference and a regular bed to replace the crib to release the child from this "terrible" fear. Harold is now 14 years old and has just finished his freshman year in high school. He is a likable boy and, as his mother states, a good mixer; but he always has to be "in front" or he does not "mix." He seeks out the group that allows him to occupy the limelight. By that trait he comes honestly, his mother concludes. "His father has always been a sort of a kingfish."

Bobby represents a type that people usually classify as overly impressionable, "delicate" or perhaps "nervous." Whether he was born that way no one can say. That he has done a good job of cultivating his fears is beyond dispute. On his first visit, when asked why he could not sleep in a darkened room, without hesitation Bobby explained, "Because I am so nervous." Here the mother volunteers: "Yes, he has always been a nervous child, ever since the day he was born. He is so different from my other children that it is sometimes unbelievable that he belongs to the same family. The others are all so husky and daring."

Bobby's life, it became apparent, was not an easy one. Somewhat under average in size, stoop shouldered, with missing front teeth, he did present a marked deviation from the characteristics of his brother and two sisters. Nor was he unaware of the handicap. His disadvantageous position was pointed out to him at every opportunity. "Steve always ate all that was on the plate; that is why he is so husky that he can be on the football team. Steve always drank his milk; that's why he has such straight bones. Steve always went to bed without fuss; that's why he was never afraid of anything . . . etc." That Bobby should be the opposite of Steve is only to be expected. Not that there was any open evidence of dislike between the two brothers. On the contrary: "They get along just fine." Any reference to discord was repudiated as impossible. "There is never a cross word between the two. They always talk about football. Steve explains everything, and Bobby just sits and listens. In fact, football is the only topic of discussion at our house, anyway. It has been for the past six years, when Steve made the high school team."

The problem became clear enough but far from solution. All agreed that discussion of one subject to the exclusion of everything else was neither instructive nor ennobling, particularly if Bobby would rather talk about something else. "But he is only a kid, anyway, and a scared kid at that. Why should we give in to him?" Politics raised Dad's blood pressure—he was a Republican, and this was 1933. Religion, too, was a precarious subject, one parent being devout, while the other boasted of skepticism.

Bobby continued in his career of "nervousness" and fears until late in the fall, when, as his mother states, he began to "brace up." Whether fate intervened in the child's behalf, I cannot say with certainty. The fact remains that the family football "hero," in the midst of a roaring crowd, sustained a broken leg which permanently disqualified him from the team. While Steve was in the hospital, Bobby, for the first time in his life, slept alone in the room with the lights out. The family agreed that since Steve could no longer play football, out of respect to his sensibilities, no mention would be made of the game. While the other members of the household lowered their heads in pained silence, Bobby grumbled, "I was sick of it, anyway."

Bobby is now 13 years old. He is a fine youngster, doing good work in school. He belongs to the Boy Scouts, but to say that he is imbued with enthusiasm over his activities would be an exaggeration. He goes on hikes more often because of duty than for enjoyment, and he does his other chores in the troup on the same basis. "He'll never be like Steve," his mother complains. She cannot understand yet how two boys in the same family can be so different.

The little 6 year old girl with her grasshopper complex had no trouble getting over her fears. It was amusing, in a way, to listen to her mother's reminiscences about her social and economic life on the farm when she was a youngster. Her grandparents had come to the Middle West as homesteaders during the eighties. They had no sooner grown a crop of wheat than the locusts had come and devoured every blade. True to pioneer nature, the family was brought up on stories pertaining to the struggles with the elements. All one heard was drouth and locusts. Little Susan, however, once she realized that grasshoppers were not bent on biting out her eyes, as her aunt had warned her, became the mentor of the household. She even laughed when recently a bat flew into the house and occupied the living room for two hours.

That Margaret Jones had had a severe emotional shock was quite obvious from the start. However, the nature of this shock remained a mystery. There was nothing to which the parents or the child herself could point as the cause. Only one factor which at first escaped attention now came to light. About

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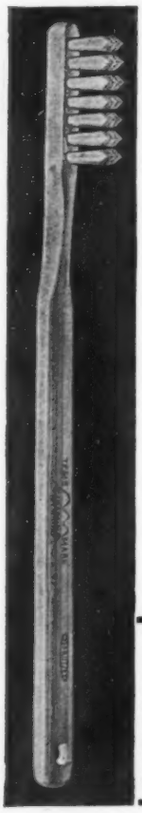

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a month prior to the beginning of Margaret's trouble she was sent to her maternal grandparents on a farm for several days. She had always liked to go there; in fact, she had spent most of her summer vacations with these grandparents on their farm. On the last visit her grandfather took Margaret to watch the butchering. At the sight of blood the child became terrified. She screamed and ran away from the scene to hide in the corn field. Several hours later when she returned, a young farm hand who had been standing by her side and had seen her run laughed and teased her about her cowardice. She felt so bad about the "poor pig" and so resentful of the boy that she could not sleep all night. "It makes me shiver even now when I think of it. And I have never told any one about it. Isn't it stupid of me to feel that way?"

Improvement became steady and progressive. Margaret is now a senior in college, and she seems none the worse off for her long period of brooding. She gets the "blues" occasionally, to be sure; but in these days of turmoil she asks, "Who doesn't?"

Johnny Foster had heard his mother and father in one of their usual quarrels. On this occasion, his mother threatened to leave home. We succeeded in talking

the boy out of his fear of dogs to the point where he consented to go to school without his mother. Three days later, on arriving home, he found that Mrs. Foster had fulfilled her threat. She had left her husband and three children. Contrary to our expectation, Johnny expressed very little grief over her desertion. In fact, we suspected that he considered it a relief. "They won't have to fight now," he remarked when asked about his mother's departure. The parents have since been divorced. John is now 16 years old, and, so far as I am able to learn, he has had no further trouble with his fears.

WONDER STORIES of the HUMAN MACHINE

(Continued from page 1106)

rest and less fuel is being consumed, the breathing slows down, and the thermostat regulates the heat to the body needs. Certainly it is a marvelous mechanism that can maintain heat at such a perfectly uniform point under so many circumstances.

With men and machines roaming all parts of the world, there are times when both require some assistance to be kept in the best working efficiency. If one lives in the tropics, little assistance is needed, except to protect the body partially at night. As one goes North and the temperature is farther from that which the body requires, we have learned that some bodily protection to prevent rapid losses of heat is both necessary and desirable, so we have devised clothing. We even protect our automobiles by felt pads under the hood, radiator shields and winter fronts. Most modern cars have heating systems and devices for defrosting the windshields. All these mechanical gadgets are marvels of ingenuity and accuracy. But our whole breathing system and heat control is so superior to all others that we may well marvel at the wonderful structure that produces such certain and effective results.

Infantile Paralysis Complicating Pregnancy

Two New Jersey physicians report in *The Journal* of the American Medical Association of the delivery of an apparently healthy child from a mother whose pregnancy at five and a half months had been complicated by infantile paralysis. When examined a short time ago, the infant was in good health and showed no evidence of paralytic involvement.

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Medical News

OF THE MONTH

Civilization a Causative Factor in High Blood Pressure

That civilization is a causative factor in high blood pressure seems to be supported by several authentic observations, Dwight M. Palmer, points out in the *Ohio State Medical Journal.*

These include the high incidence of hypertension in the American Negro as contrasted with its rarity in the native African, the "over-civilized" nature of the average hypertension case and a few cases studied by psychiatrists who have found a definite correlation between fluctuations of emotional tension and those of blood pressure readings.

Three types of factors which may link hypertension with civilization, he says, are overeating, early faulty conditioning of the complexities of civilized society, and restrictions and tabus imposed by society on the individual's reaction. "In civilized society it is the exception rather than the rule if man reacts to a frustrating situation by either physical combat or by running. However, the basic emergency patterns for fight or flight are present in the human body. Situations in the environment which are followed by either aggression or retreat bring forth a two-fold response. There is a marshalling of the body economy on the somatic side to prepare for fight or flight, and there is an awareness on psychic side of the rage, hate, fear, etc. The elevation of the blood pressure is a part of this emergency pattern."

47 Per Cent Recoveries From Previous Fatal Ailment

A recovery rate of 47 per cent among a group of patients suffering from pneumococcic meningitis, which heretofore has been an almost invariably fatal ailment, after treatment with sulfapyridine or its sodium salt is reported in *The Journal* of the American Medical Association.

Nobel Prize For Medicine

Gerhard Domagk, M.D.

The Nobel Prize for Medicine, one of the most coveted honors a physician can receive, has been awarded Gerhard Domagk, M.D., of Elberfeld, Germany, for his demonstration of the curative possibilities of prontosil, a red dye containing sulfanilamide, in streptococcic infections of mice.

Late in 1932, Dr. Domagk first demonstrated the curative effects of prontosil in mice. For the next two years the new drug was carefully tested in human cases by several leading German physicians. During this time Dr. Domagk also used it successfully to treat one of his four young children who had a serious streptococcic infection. Only after this long trial period had sufficiently adequate proof of the value of the drug been accumulated to make Dr. Domagk feel justified in announcing the discovery to the medical world. In 1935 the details of his work were published in medical and scientific journals and the life-saving possibilities of the drug began to be investigated by physicians throughout the world.

At present more than thirty-three different disease conditions may be cured or benefited by the new chemical remedies in the sulfanilamide group, two of which are prontosil and sulfapyridine. Although the exact action of the drugs has not yet been fully determined, scientific evidence indicates that they are bacteriostatic, or growth-inhibiting. By means of this action they enable the body's disease fighting mechanism to overcome invading bacteria.

Since the announcement of Dr. Domagk in 1935, thousands of lives have been saved or prolonged through treatment of such heretofore highly fatal or resistant infections as streptococcic sore throat, meningitis, pneumonia, childbed fever, gonorrhea and gas gangrene.

Dr. Domagk was born in Lagow, Germany, in 1895 and started his education before the World War at Kiel University, studying chemistry, botany, anatomy and physiology, in addition to philosophy and history of the arts. In August 1914, he volunteered for military service. After the war, he returned to Kiel University, receiving his degree of doctor of medicine in 1921.

His postgraduate work in pathology led to investigations of the blood, spleen and liver and stimulated him to seek methods of combating infection. This research won him an appointment as instructor in pathology at Greifswald University, and later he was transferred to Muenster University. In 1927 he became director of the Institute of Experimental Pathology of the I. G. Dye Works in Elberfeld and resumed the study of bacterial infections in close collaboration with two brilliant chemists, Drs. F. Mietzsch and J. Klarer, under the leadership of Prof. H. Hoerlein, director of scientific research of the I. G. Dye Works. It was here that he first came across the dye which has given sulfanilamide and its derivatives to the world and brought to him the Nobel Prize. He subsequently has informed the Nobel Prize Committee that the ban of the German government on acceptance of Nobel prizes prevents him from accepting the $40,000 which accompanies the award. In 1937 he received the Emil Fischer Medal, the highest award of the German Chemical Society, and earlier this year the Cameron Prize of the University of Edinburgh, Scotland, was given him. He has never visited America. The outbreak of war forced him to cancel the reading of a paper before the International Congress of Microbiology at the New York World's Fair early last September.